

HUERFANO COUNTY

CELL PHONE STIPEND		EFFECTIVE DATE
		7/28/2023
NAME: Name: Kim Trujillo	PAYROLL :	8/4/2023

CHANGE OF ADDRESS/PHONE	STREET
	CITY, STATE, ZIP
	TELEPHONE

CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB TITLE		Finance Officer
DEPARTMENT		Administration
STIPEND		\$40.00
OTHER		

REASON FOR CHANGE

CELL PHONE STIPEND INITIAL	CELL PHONE STIPEND CHANGE
	<small>OTHER</small>

COMMENTS, IF NECESSARY

Motion to pay phone stipend to Kim Trujillo.

I Angela Wakeman Human Resources Officer certify that the above presented information has been requested by the Department Head and or Elected Official directly responsible for the employee named within. I certify that I have received all proper documentaion and that I have entered the information on the Green Sheet to reflect the change as requested.

Angela Wakeman
Signature of Preparer

07/28/2023
Date Signed

John Galusha, Chairman

Arica Andreatta, Commissioner

Karl Sporleder, Commissioner

Date

Date to Finance Office: _____