

HUERFANO COUNTY

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|----------------------------------|-----------|------------------|
| GREEN SHEET/STATUS CHANGE | | EFFECTIVE DATE |
| | | 3/20/2023 |
| NAME: Michelle Trujillo | PAYROLL : | 3/31/2023 |

| | | |
|--------------------------------|------------------|----------------------------|
| CHANGE OF ADDRESS/PHONE | STREET | 355 Leon Ave |
| | CITY, STATE, ZIP | Walsenburg CO 81089 |
| | TELEPHONE | |
| | | |

| CHANGE | FROM (DOES NOT APPLY TO NEW EMPLOYEE) | TO |
|---------------------|--|-------------------------------|
| JOB TITLE | SCW III CP Crisis Worker | SCW III CP Services |
| DEPARTMENT | | Dept of Human Services |
| HOURS | | up to 24 per week |
| ANNUAL SALARY | | |
| SEMI-MONTHLY SALARY | | |
| HOURLY SALARY | | \$20.00 |
| OTHER SALARY | | |

REASON FOR CHANGE

| | | |
|------------------------|------------------------------|-------------------------------|
| NEWHIRE | RESIGNATION | LENGTH OF SERVICE INCREASE |
| REHIRED | RETIREMENT | REEVALUATION OF CURRENT JOB |
| PROMOTION | LAYOFF | INTRODUCTORY PERIOD COMPLETED |
| DEMOTION | ADMINISTRATIVE LEAVE PAID | OTHER |
| TRANSFER | ADMINISTRATIVE LEAVE UN-PAID | |
| COMMENTS, IF NECESSARY | | |

Motion to rehire Michelle Trujillo to do TRAILS Entry, CP visits and other duties as needed in the CP unit up to 3 days per week.

I, Sheila Hudson-Macchietto, Director 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.

Sheila Hudson-Macchietto 03/17/2023

John Galusha-Board Chairman

Arica Andreatta, Vice Chairman

Karl Sporleder, Commissioner

Date

Date to Finance Office: