

ATTACHMENT B: PERSONNEL WAGE RATE CHANGE NOTICE

GENERAL INFORMATION

Dept. Name:	Date Completed:	
Employee Name:	Employee #:	
Job Title (current):	Grade (current):	Step (current):
Job Title (proposed):	Grade (proposed):	Step (proposed):
Type of Change:	New Hire	Effective Date:
Wage Rate Recommended: (For WPPA employees, please separate by hourly, uniform and differential if applicable.)		
Current County Wage: (if applicable)		

New Hires and Promotions/Transfers, please complete the following:

Employee Status:	Full-time
How many hours will employee work per week?	
Was position posted per contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will employee work at least 1 year and 1200 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will employee work at least 80 hours per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the position approved by your Dept.'s Supervising Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the new employee entitled to (check all that apply):	<input type="checkbox"/> Health Insurance? <input type="checkbox"/> PTO? <input type="checkbox"/> STD/LTD? (min 80 hrs/mo)
Please explain "No and N/A" responses:	
Are there any special conditions of employment? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For WPPA Employees – Indicate the following:	<input type="checkbox"/> Certified <input type="checkbox"/> Not Certified <input type="checkbox"/> Other
Has employee attended orientation with Payroll Office (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has employee received ID Badge and Entrance Card (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Step Adjustments:

If regular full-time employee, how many months has this employee been in this position?
If regular part-time employee, how many hours work in this position since the last approved wage rate change?

Employee's Signature	Date
Department Head's Signature	Date
Date reviewed by Personnel Manager:	

To be completed by Department of Finance and Personnel

Pay Group:	Job Code:	Union Code:	Work Comp Code:
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