

GILA COUNTY PAYROLL AUTHORIZATION

Employee Name: _____

Employee Number _____ **Effective Date of Change:** _____

FROM:

Position Control #: _____

Fund Code: _____

Title: _____

Department: _____

Salary: Hourly _____
 Bi-Weekly _____
 Annual _____

Grade: _____ Step: _____

TO:

Position Control #: _____

Fund Code: _____

Title: _____

Department: _____

Salary: Hourly _____
 Bi-Weekly _____
 Annual _____

Grade: _____ Step: _____

Number of hours worked weekly _____

FLSA: Exempt Non-Exempt

Additional funding required this year? Yes No

Additional funding required future years? Yes No

STATUS CHANGE

Hire-Full Time Regular Status

Hire-Part Time Regular Status

Hire-Temporary Status

Temporary to Regular Status

Inter-department transfer

Intra-department transfer

End of Probationary Period

Merit Increase

Reclassification

Termination

Other (See Remarks)

VERIFICATIONS

Department Head verifies that the payroll authorization proposed herein is consistent with the Department's adopted salaries budget and is recommended by the Department Head.

Department Head Signature: _____ **Date:** _____

Personnel Director verifies that all data fields of this form are complete and correct.

Personnel Director Signature: _____ **Date:** _____

Finance Director verifies that this completed form has been reviewed and is consistent with the Department's adopted salaries budget and will, upon Board approval, update the budget construction master file.

Finance Director Signature: _____ **Date:** _____

Remarks:

Board of Supervisors' Approval: _____ **Date:** _____

(Requires all three verification signatures, above)