



Rachel Parker
Hill County Treasurer

EMPLOYEE WAGE/STATUS CHANGE

Employee Name: Department Name:

1st Day of Work or Change Date

CHECK ONE:

NON- EXEMPT

OR

EXEMPT

- Regular Full Time
Regular Full Time
Temporary Part Time
Regular Part Time
Regular Variable Hour
Temporary Seasonal

Hours per Week Job Title

Hourly Wage \$

Certification: Monthly \$
Specialized Skill: Monthly \$

Office Use Only:
Convert to Hourly:
Convert to Hourly:
Convert to Hourly:
Convert to Hourly:
Convert to Hourly:
Convert to Hourly:

Total Hourly Wage: Total Bi-Weekly:

Salary GL#: -5- (100-5-2101-2301 example)

TERMINATION (attach Letter of Resignation)

Last day of Physical Work: Termination Date:

CHECK ONE:

- Resignation Dismissal Retirement Reduction in Force Death

COMMENTS (Reason for Change):

Elected Official/Department Head Date

Received by:

Treasurer/Date Auditor/Date

Table with 4 columns: OFFICE USE ONLY, EEO4, Worker's Comp. Code, Race. Rows include State Employment Code, Sex, and Func.



Rhonda Burkhart
Hill County Treasurer

EE #: _____

Current Hour Wage: _____