

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Jacob Capp

EMPLOYEE CONTACT NUMBER: 605-645-8081

CHECK ONE: () New Hire () Step Raise () Classification Change

RESIDENT OF LAWRENCE COUNTY: YES NO

NEPOTISM WITHIN OFFICE: YES NO

EMPLOYEE MANUAL WAIVER NEEDED: YES NO

DEPARTMENT: Sheriff's Office

POSITION: Deputy II

GRADE 1 2 3

BASE PAY \$ 26.66

EMPLOYEE CLASSIFICATION:

- Full-Time (40)
- Three-Quarter Time (30-39)
- Half-Time (20-29)
- Part-Time (under 20)

And

- Permanent
- Seasonal
- Temporary
- Reserve
- Fill-In

EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 7/1/19

TRAINING HOURS: YES NO How Many? _____ Rate: \$ _____

PLEASE SUBMIT FORM TO THE AUDITOR'S OFFICE PRIOR TO COMMISSIONERS MEETING.

[Signature]
Department Head Signature

6-18-19
Date