

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Brianna McCroden

EMPLOYEE CONTACT NUMBER: _____

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: State's Attorney Office

POSITION: Admin Sec Grade 2

GRADE 1 2 3

BASE PAY \$ 18.46

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

Cell phone request
also 45.00 / per month

EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 3-2-2020

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

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

Shelly Baumann
Department Head Signature

1-27-2020
Date