

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Dustin James

EMPLOYEE CONTACT NUMBER: 605-593-6589

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: Corrections 1

GRADE 1 2 3

BASE PAY \$ 19.26

EMPLOYEE CLASSIFICATION:

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

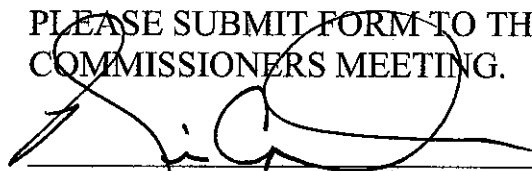
And

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

EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 06/21/2020

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

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



Department Head Signature

06/18/2020

Date

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Sam McCue

EMPLOYEE CONTACT NUMBER: 605-631-0086

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 2

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
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- Temporary
- Reserve
- Fill-In

EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 06/21/2020

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

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Department Head Signature

06/18/2020

Date

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Chelsea Lindsey

EMPLOYEE CONTACT NUMBER: 406-853-3177

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 2

GRADE 1 2 3

BASE PAY \$ 26.13

EMPLOYEE CLASSIFICATION:

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

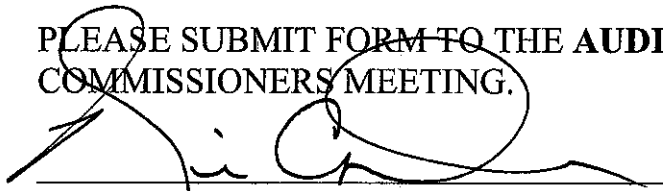
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EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 06/21/2020

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

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Department Head Signature

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Date