

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: **BONNIE J. MORGAN**

EMPLOYEE CONTACT NUMBER: **406-599-9453**

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: **TREASURER**

POSITION: **ACCT CLERK**

GRADE 1 2 3

BASE PAY **\$ 15.76**

EMPLOYEE CLASSIFICATION:

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

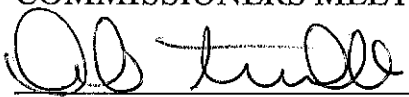
And

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

EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: **11-3-21**

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

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


Department Head Signature

10-20-21
Date