

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Chelsey Swanson

EMPLOYEE CONTACT NUMBER: 605-682-8037

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: 10/25/2021

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

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Laurel Palmer

EMPLOYEE CONTACT NUMBER: 605-641-1728

CHECK ONE: New Hire Step Raise Classification Change

Dual role employee

RESIDENT OF LAWRENCE COUNTY: YES NO

NEPOTISM WITHIN OFFICE: YES NO

EMPLOYEE MANUAL WAIVER NEEDED: YES NO

DEPARTMENT: Sheriff's Office

POSITION: Secretary

GRADE 1 2 3

BASE PAY \$ 19.90

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: 10/20/2021

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

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Department Head Signature

10/20/21

Date

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Timothy Braithwait

EMPLOYEE CONTACT NUMBER: 803-840-8062

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: 10/20/2021

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