

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: *L. Adam Bryson*

EMPLOYEE CONTACT NUMBER: *267-216-4505*

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: *Public Defender*

POSITION: *Deputy Public Defender*

GRADE 1 2 3 4

BASE PAY \$ *2,706.41 + 850 Cell Phone*

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: *5/31/22*

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

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

[Signature]
Department Head Signature

5/29/22
Date