

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Ishmael Perin

EMPLOYEE CONTACT NUMBER: 786-527-5016

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 \$ 20.22

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

Emergency Hire

EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 05/18/2022

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

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


Department Head Signature

5/17/22
Date

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Patrick Johnson

EMPLOYEE CONTACT NUMBER: 605-645-9984

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: Chief Deputy

GRADE 1 2 3

BASE PAY \$ 3039.62

EMPLOYEE CLASSIFICATION:

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

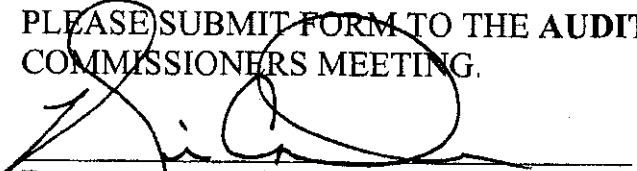
And

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

EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 06/05/2022

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

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



Department Head Signature

05/17/22

Date



LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Tavis Little

EMPLOYEE CONTACT NUMBER: 605-641-7067

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: Chief Deputy

GRADE 1 2 3

BASE PAY \$ 3039.62

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: 06/05/2022

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

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



Department Head Signature

05/17/22

Date