

JAN 154

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Mike Meehan

EMPLOYEE CONTACT NUMBER:

CHECK ONE: () New Hire () Step Raise (X) Classification Change

RESIDENT OF LAWRENCE COUNTY: YES NO
If no, indicate City/County of residence _____

NEPOTISM WITHIN OFFICE: YES NO

EMPLOYEE MANUAL WAIVER NEEDED: YES NO

DEPARTMENT: Equalization

POSITION: Appraiser III

GRADE 1 2 (3)

BASE PAY \$ 26.55

EMPLOYEE CLASSIFICATION:

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

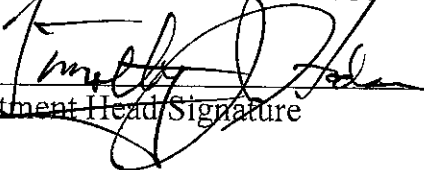
And

- (Permanent)
- Seasonal
- Temporary
- Reserve
- Fill-In

EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 1-1-23

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

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


Department Head Signature

11-28-22
Date

JAN 1ST

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Carmen Symonds

EMPLOYEE CONTACT NUMBER:

CHECK ONE: () New Hire () Step Raise Classification Change

RESIDENT OF LAWRENCE COUNTY: YES NO
If no, indicate City/County of residence _____

NEPOTISM WITHIN OFFICE: YES NO

EMPLOYEE MANUAL WAIVER NEEDED: YES NO

DEPARTMENT: Equalization

POSITION: Appraiser III

GRADE 1 2 3

BASE PAY \$ 26.55

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: 1-1-23

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

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

[Signature]
Department Head Signature

11-28-22
Date

JAN 1ST

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Louise Hohn

EMPLOYEE CONTACT NUMBER:

CHECK ONE: New Hire Step Raise Classification Change

RESIDENT OF LAWRENCE COUNTY: YES NO
If no, indicate City/County of residence _____

NEPOTISM WITHIN OFFICE: YES NO

EMPLOYEE MANUAL WAIVER NEEDED: YES NO

DEPARTMENT: Equalization

POSITION: Appraiser III

GRADE 1 2 3

BASE PAY \$ 26.03

EMPLOYEE CLASSIFICATION:

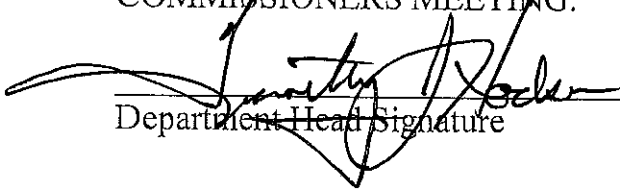
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EMPLOYEE EFFECTIVE DATE OF HIRE / CHANGE: 1-1-23

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

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Department Head Signature

11-28-22
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