

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: Barbara R. Baker

EMPLOYEE CONTACT NUMBER: 605-209-1828

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: Emergency Management

POSITION: CE 3

GRADE 1 2 3

BASE PAY \$23.53

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: 1-1-2023

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

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



Department Head Signature

Date