

LAWRENCE COUNTY
PERSONNEL REQUEST FORM

EMPLOYEE NAME: **Jacob Westover**

EMPLOYEE CONTACT NUMBER: **307-281-1167**

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: **Sheriff's Office**

POSITION: **Deputy 2**

GRADE 1 2 3

BASE PAY \$ **29.98**

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: **04/05/2023**

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

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



Department Head Signature

2-23-23

Date