

**Hertford County  
Employee Status Sheet**

**EMPLOYEE INFORMATION**

Dept Name:	Dept #	
Position:	Effective Date:	
Employee Name:	Employee #	
Address:		
City:	State:	Zip:
Phone #	Email:	

**TYPE OF EMPLOYMENT**

_____ Full-Time	Position:	
_____ Part-Time	Grade:	Position #
_____ Temporary	Annual Salary:	Hourly Rate:
	Person Replacing:	

**TYPE OF ACTION**

_____ New Hire		From	To
_____ Promotion	Dept #		
_____ Transfer	Grade:		
_____ Merit	Annual Salary:		
_____ Reclassification	Position:		
_____ Demotion	Position #		
_____ Other (Explain):			

**SEPARATION**

_____ Voluntary Resignation	Date Notice Given:
_____ Involuntary Resignation	Date Last Worked:
_____ Retirement	Annual Leave Balance:
_____ Reduction in Force	Sick Leave Balance:
_____ Death	Comp Time Balance:
_____ Disability	

Comments:

**OTHER ACTION**

	From	To
_____ FMLA		
_____ Workers' Compensation		
_____ Suspension		
_____ Leave of Absence		
_____ Leave without Pay		

Comments:

**REQUIRED SIGNATURES/DATE**

Department Head:	Date:
County Manager:	Date:
Human Resources:	Date:
Finance Director:	Date:
Asst. Co. Manager:	Date:

**TO BE COMPLETED BY PAYROLL**

Date Received:	Date Entered in System:
Signature/Date:	

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act