

**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: |
| Supervisor: | 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