

# Osage County Personnel Transaction Form

(This form must be turned in to the County Clerk's office **PRIOR** to New Hire start date. If there are changes in employee status, turn in form prior to end of the bi-weekly payroll for new status to start at next payroll period)

**FOR OFFICE USE ONLY**

EMPLOYEE NAME \_\_\_\_\_ ACCT # \_\_\_\_\_ DATE \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

Circle Status: Full-Time    Part-Time Over 1000 hours    Part-Time Under 1000 hours

New Hire

DEPARTMENT \_\_\_\_\_

Salary Amount \_\_\_\_\_ Payroll Fund \_\_\_\_\_

Position Title \_\_\_\_\_ Start Date \_\_\_\_\_

Resignation

Reason \_\_\_\_\_

Last Day Worked \_\_\_\_\_ Payout Amount \_\_\_\_\_ Monthly Salary \_\_\_\_\_

Vacation Payout \_\_\_\_\_ Comp Time Payout \_\_\_\_\_

Termination

Reason \_\_\_\_\_

Last Day Worked \_\_\_\_\_ Payout Amount \_\_\_\_\_ Monthly Salary \_\_\_\_\_

Vacation Payout \_\_\_\_\_ Comp Time Payout \_\_\_\_\_

Salary Increase

Reason \_\_\_\_\_

From Salary Amount \_\_\_\_\_ To Salary Amount \_\_\_\_\_

Type of Increase \_\_\_\_\_ Effective Date \_\_\_\_\_

Demotion

Reason \_\_\_\_\_

From Salary Amount \_\_\_\_\_ To Salary Amount \_\_\_\_\_

Effective Date \_\_\_\_\_

Position Change

Dept. From \_\_\_\_\_ Dept. To \_\_\_\_\_

From Salary Amount \_\_\_\_\_ To Salary Amount \_\_\_\_\_

Position Title \_\_\_\_\_ Payroll Fund \_\_\_\_\_

Circle Status: Full-Time, Part-Time Over 1000 hours, Part-Time Under 1000 hours    Effective Date \_\_\_\_\_

Employee Transfer

Dept. From \_\_\_\_\_ Dept. To \_\_\_\_\_

From Salary Amount \_\_\_\_\_ To Salary Amount \_\_\_\_\_

Position Title \_\_\_\_\_ Payroll Fund \_\_\_\_\_

Effective Date \_\_\_\_\_

DEPARTMENT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

COMMISSION APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_