
Applicant's Legal Name New Position Title Department and Division

Probationary Period Work Hours per Week Pay Type & FLSA Grade Step

Pay Rate Frequency Fund, Department and Account Number Request Effective Date

County E-mail Address Temporary Employee Termination Date

Replacement Request (If applicable):

Replaced Employee's Name: _____ Former Title: _____

Additional Comments (If applicable):

Acknowledgements: *I certify under penalty of perjury that the above is correct and in accordance with the County's approved budget, policies, classification and compensation plans and collective bargaining agreements.*

Requesting Official's Name (Print) Requesting Official's Signature Date

Applicant's Name (Print) Applicant's Signature Date

County Manager's Name (Print) County Manager's Signature Date