

BEE COUNTY

REQUEST FOR NEW EMPLOYMENT OR CHANGE IN STATUS OF EMPLOYEE

Date

Payroll Name of Employee _____

Effective Date _____

Department _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Promotion | <input type="checkbox"/> New Employment | <input type="checkbox"/> Resumption of Employment |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Salary Increase | <input type="checkbox"/> Change to or from hourly basis |
| <input type="checkbox"/> Dropped | <input type="checkbox"/> Other | <input type="checkbox"/> Merit Increase |
| <input type="checkbox"/> Introductory Period Completed | <input type="checkbox"/> Resignation | <input type="checkbox"/> Position to Terminate at _____ |

Present Title _____ Present Salary _____ Group/Step _____

Proposed Title _____ Proposed Salary _____ Group/Step _____

Reason for Resignation/Drop/Resumption _____

Name of Employee Being Replaced _____

Remarks _____

Funding Source

Signature of Official

COMMISSIONER'S COURT ACTION

Presented to Court _____, 20____

Action Taken

Bee County Judge