

TO: PAYROLL DEPARTME	NT		
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 10/5/2018	
TO YOUR RECORDS TAKING EFFECT ON:		10/5/2018	
EMPLOYEE NAME KENNETH TYLER BLAINE GRUBB			
EMPLOYEE NUMBER 1064	DATE HR CHANGED	will reflect on 10/19/18 paycheck	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER			
□ JOB TITLE			
□ GRADE			
ANNUAL RATE	\$39,879.57	\$47,345.66	
☐ HOURLY RATE			
CLASS (Exempt, Non-Exempt)			
STATUS (FT, PT)			
□ SHIFT TIME			
THE REASON FOR THE CHA	ANGE(S):		
□ HIRED	■ PROBATIONA	RY PERIOD COMPLETED	
□ RE-HIRED		ERVICE INCREASE	
□ PROMOTION		ION OF EXISTING JOB	
DEMOTION	☐ RESIGNATION		
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
☐ LEAVE OF ABSENCE FROMUNTIL			
(DATE) (DATE)			
OTHER (Explain) TWO YEAR ANNIVERSARY COMPLETED			
AUTHORIZATION:			
RECOMMENDED BY DEPARTME	NT HEAD	DATE	
(SV 1) d)	0.1	D 1 1 2018	
Fiely W. Dinold Oct. 1, 2018			
APPROVED BY THE TOWN MAN	AGER	DATE	
(Wagne Satherhund) 10-05-13			
H. R. DEPT ACKNOWLEDGEMENT OF RECEIPT DATE			
Shui L Shotos 10/5/18			
	1 1000	10/0/10	
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the To	own of Wytheville Pay Char	nge Form and understand that	
my hourly/yearly salary is as in		-5 5 and analytiming that	
		, ,	
Signature // / Jum	[Hull	Date 10/11/14	
11.			

TOWN OF WYTHEVILLE PAY CHANGE FORM		
TO: PAYROLL DEPARTMEN	IT	G 120
PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE
TO YOUR RECORDS TAKING EFF		10/05/2017
EMPLOYEE NAME KENNET	H TYLER BLAINE	GRUBB
EMPLOYEE NUMBER 1064	DATE HR CHANGED	will reflect on Oct. 20th check
THE CHANGE(S):		' Δ
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		
□ JOB TITLE		
□ GRADE		
■ ANNUAL RATE	\$35,410.32	\$39,097.62
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
□ STATUS (FT, PT)		
□ SHIFT TIME		
THE REASON FOR THE CHA	NGE(S):	
□ HIRED		RY PERIOD COMPLETED
□ RE-HIRED		ERVICE INCREASE
☐ PROMOTION		
		ION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATION	i i
☐ TRANSFER FROM	□ RETIREMENT	1
☐ MERIT INCREASE	\Box SALARY ALIC	GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE	TED □ DISCHARGE	
☐ LEAVE OF ABSENCE FRO	M	UNTIL
■ OTHER (Explain) ONE YEAR A	(DATE) NNIVERSARY COMPLETED	(DATE)
AUTHORIZATION:		
RECOMMENDED BY DEPARTMEN	IT HEAD	DATE
Chief RWAInolo		10/04/2017
APPROVED BY THE TOWN MANA	GER	DATE
Mayne Stup	entrul a	10-10-17
H. R. DEPA. ACKNOWLEDGEMEN	FOF RECEIPT	DATE
Their Losh	ello	DATE 10/4/2017
EMPLOYEE ACKNOWLEDGE	EMENT	/ / /
I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.		
Signature 1-1- Blave	Surk	Date /0/17/17



WN OF WYTHEVILLE PAY CHANGE FORM			
WINGI	WITHEVILLETINI CHAN	Contract of the contract of th	
TO: PAYROLL DEPARTM	CNIT	EFFECTIVE DATE	
		EFFECTIVE DATE	
PLEASE ENTER THE FOLLOWITO YOUR RECORDS TAKING E		5/8/16	
EMDI OVEE NAME		3/0/16	
GARY	O. GRUBB		
EMPLOYEE NUMBER 1170	DATE HR CHANGED	Will reflect on,	
1170		2 Rd phack	
		June 2 - Clause	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	
DEPARTMENT NUMBER	71400	41400	
■ JOB TITLE	EQUIPMENT OPERATOR III	MAINTENANCE TECH II	
■ GRADE	4	6	
ANNUAL RATE	\$22,955.71	\$28,500.00	
HOURLY RATE	\$11.04	\$19.70	
CLASS (Exempt, Non-Exempt)	11.000	Solarix	
☐ STATUS (FT, PT) ☐ SHIFT TIME	Houry	2000	
□ SHIFT TIME	•		
THE REASON FOR THE CI	HANGE(S):		
□ HIRED		RY PERIOD COMPLETED	
□ RE-HIRED		ERVICE INCREASE	
■ PROMOTION □ RE-EVALUATION OF EXISTING JOB			
☐ DEMOTION ☐ RESIGNATION			
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
☐ LEAVE OF ABSENCE FI		UNTIL	
	(DATE)	(DATE)	
☐ OTHER (Explain)		· · · · · · · · ·	
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	MENT HEAD	DATE	
Jermy Siagle		05/10/2016	
APPROVED BY THE TOWN MANAGER		DATE	
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT DATE			
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT DATE			
Shui I Shulle 5/10/16			
Janes Strate			
EMPLOYEE ACKNOWLEDGEMENT			
THE STATE OF THE A PORT OF THE STATE OF THE			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as			
South of the state		-111/11	
Signature Date 5/11/16			
~-0	1 UC VI /		



TO: PAYROLL DEPARTM	ENT		
PLEASE ENTER THE FOLLOWING CHANGE(S) EFFECTIVE DATE			
TO YOUR RECORDS TAKING E	FFECT ON:	12/13/2020	
EMPLOYEE NAME KEVI	W. HACKLER	' / /	
EMPLOYEE NUMBER 136	DATE HR CHANGED	Will reflect on 1/8/202	
THE CHANGE(S):		Will reflect on 18)202 Check	
✓ All Applicable Boxes	FROM	ТО	
■ DEPARTMENT NUMBER	41400	41200	
JOB TITLE	BULDING & SIGNALIZATION SUPERVISOR	STREET MAINT/CONSTRUCTION SUPERVISOR	
□ GRADE			
■ ANNUAL RATE	\$45,090.29	\$55,000.00	
☐ HOURLY RATE			
☐ CLASS (Exempt, Non-Exempt)			
□ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CI	HANGE(S):		
HIRED		RY PERIOD COMPLETED	
☐ RE-HIRED		ERVICE INCREASE	
☐ PROMOTION		ION OF EXISTING JOB	
☐ DEMOTION	\square RESIGNATION	1	
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
☐ LEAVE OF ABSENCE FROM UNTIL			
(DATE) (DATE)			
OTHER (Explain) DUE TO INCREASE IN RESPONSIBLITY WILL EVALUATE IN SIX MONTHS.			
IF HE HAS A SUCCESSFUL EVALUATION IN SIX MONTHS HIS ANNUAL SALARY WILL BE REVIEWED			
AUTHORIZATION:			
RECOMMENDED BY DEPART	MENT HEAD	DATE	
) (-	11/19/2020	
Clerght Jeght			
APPROVED BY HUMAN RESOURCES MANAGER DATE			
Shiw Z	hilton	11/19/2020	
APPROVED BY TOWN MANAGER DATE			
12-2-2020			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
Signature Kerry Hackhy Date 12-11-2020			



- M			
TOWN OF WYTHEVILLE PAY CHANGE FORM			
TO: PAYROLL DEPARTME	NT		
PLEASE ENTER THE FOLLOWIN		EFFECTIVE DATE 4/1/19	
TO YOUR RECORDS TAKING ER		41/19 V	
EMPLOYEE NAME Kevin W.	Hackler		
EMPLOYEE NUMBER 136	DATE HR CHANGED	Will reflect on 4/5/19 CK	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER			
☐ JOB TITLE			
□ GRADE			
■ ANNUAL RATE	42,709.25	43,990.53	
☐ HOURLY RATE			
☐ CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CH	ANGE(S):		
□HIRED	☐ PROBATION	IARY PERIOD COMPLETED	
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE	
□ PROMOTION		ATION OF EXISTING JOB	
□ DEMOTION □ RESIGNATION □ RESIGNATION			
☐ TRANSFER FROM ☐ RETIREMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
☐ LEAVE OF ABSENCE FROM UNTIL			
OTHER (Explain) See attachments (DATE)			
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	ENT HEAD.	DATE	
John Bishop 3/28/19			
APPROVED BY THE TOWN MANAGER DATE			
Wayne Sutherland Wayne Sutherlanks 03-28-19			
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT) DATE 1			
Sheri Shelton Shu Shetter 3/28/19			
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.			
11 . 11		2 20 10	
Signature 140	Signature Kerin Harller Date 3-28-19		

		THE RESTRICT	
TO: PAYROLL DEPARTMENT			
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE	
TO YOUR RECORDS TAKING EFFECT ON:		Will reflect	
EMPLOYEE NAME	. HACKLER		
		ON May 19, 2017	
EMPLOYEE NUMBER 136	DATE HR CHANGED	N. av	
100	<u></u>	Cheta.	
THE CHANGE(S).			
THE CHANGE(S):	TDOM.	TO	
✓ All Applicable Boxes □ DEPARTMENT NUMBER	FROM	ТО	
☐ DEPARTMENT NUMBER ☐ JOB TITLE	CREW LEADER	SUPERVISOR	
■ GRADE	7	12	
■ ANNUAL RATE	\$37,581.00	\$39,096.00	
☐ HOURLY RATE	\$61,100.100		
☐ CLASS (Exempt, Non-Exempt)			
□ STATUS (FT, PT)			
□ SHIFT TIME			
THE REASON FOR THE CHA	NGE(S):		
□ HIRED	· · · · · · · · · · · · · · · · · · ·	ARY PERIOD COMPLETED	
□ RE-HIRED		SERVICE INCREASE	
■ PROMOTION		TION OF EXISTING JOB	
	1		
□ DEMOTION	N		
☐ TRANSFER FROM			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUST ☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
\square TEMP. SERVICE COMPLET			
☐ LEAVE OF ABSENCE FRO	M	_ UNTIL	
(DATE) (DATE)			
OTHER (Explain) Kevin has done a good job with supervising his employees and has taken on more			
responsibilities. Has been able to work with other departments and met their expectations as well.			
AUTHORIZATION:			
RECOMMENDED BY DEPARTMENT HEAD DATE			
Your Sa		5/15/17	
APPROVED BY THE TOWN MANA	GER	DATE	
	054	05-15-17	
H. R. DEPT. ACKNOWLEDGEMEN	T OF RECEIPT	DATE	
H. K. DEFT. ACKNOWLEDGEMEN			
5/15/17			
The state of the s			
EMPLOYEE ACKNOWLEDGEMENT			
EWI LOTEE ACKNOWLEDGEMENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
Signature Hondan H		Date 5-15-17	

TO: PAYROLL DEPARTM	ENT	CONTRACTOR OF THE PROPERTY OF	
		EFFECTIVE DATE	
TO YOUR RECORDS TAKING E			
EMPLOYEE NAME	W. HACKLER		
		3/10/17 Check	
EMPLOYEE NUMBER 136	DATE HR CHANGED	will start on 01/02/15 eheck	
100		Will otal of the work	
THE OHANGE(G).			
THE CHANGE(S):	TD O. C	TO.	
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER			
□ JOB TITLE	4.7-11.20		
☐ GRADE ☐ ANNUAL RATE	#20.000.00	636 944	
☐ HOURLY RATE	\$36,363.00	\$36.844.00 M	
		5.31,301.W	
☐ CLASS (Exempt, Non-Exempt) ☐ STATUS (FT, PT)			
☐ SHIFT TIME			
□ SHIFT TIME			
THE DEACON FOR THE CL	IANCE(C).		
THE REASON FOR THE CH		THE PERSON COLON FORD	
☐ HIRED		ARY PERIOD COMPLETED	
☐ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE	
☐ PROMOTION	☐ RE-EVALUA	TION OF EXISTING JOB	
☐ DEMOTION	☐ RESIGNATIO	ON	
☐ TRANSFER FROM	□ RETIREMEN	T	
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
LEAVE OF ABSENCE FI		UNTIL	
(DATE) (DATE) OTHER (Explain) see attached Probation Evaluation			
OTHER (Explain) see attached Probation Evaluation			
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	IENT HEAD	DATE	
Tommy Sea	ale	12/15/2016	
APPROVED BY THE TOWN MANAGER DATE		DATE	
aus	6	R-15-16	
H. R. DEPT/ACKNOWLEDGEM	ENT-OF RECEIPT	DATE (2)/(5/1/	
1 2/15/16			
EMPLOYEE ACKNOWLED	GEMENT		
EWIT LOT LE ACKINOW LEDGEWIENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
- A /	1. 111	1) 15-1/	
Signature Kun Hall Date 2 15-16			

TO: PAYROLL DEPARTMENT PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: EMPLOYEE NAME PAM H. HALL EMPLOYEE NUMBER 284 DATE HR CHANGED THE CHANGE(S): ✓ All Applicable Boxes FROM OT ☐ DEPARTMENT NUMBER ☐ JOB TITLE GRADE **ANNUAL RATE** \$31,880.34 \$35,888.11 ☐ HOURLY RATE ☐ CLASS (Exempt, Non-Exempt) ☐ STATUS (FT, PT) ☐ SHIFT TIME THE REASON FOR THE CHANGE(S): ☐ HIRED ☐ PROBATIONARY PERIOD COMPLETED □ RE-HIRED ☐ LENGTH OF SERVICE INCREASE ☐ PROMOTION ☐ RE-EVALUATION OF EXISTING JOB ☐ DEMOTION ☐ RESIGNATION ☐ TRANSFER FROM ☐ RETIREMENT ☐ MERIT INCREASE ■ SALARY ALIGNMENT ADJUSTMENT ☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE ☐ LEAVE OF ABSENCE FROM __ UNTIL __ (DATE) (DATE) ☐ OTHER (Explain) **AUTHORIZATION** RECOMMENDED BY/DEPARTMENT HEAD DATE 07/19/2016 APPROVED BY THE TOWN MANAGER DATE ACKNOWLEDGEMENT OF REQUIPT DATE EMPLOYEE ACKNOWLEDGEMENT I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above. Signature Harrella H- Hall Date 7.20-16



TO: PAYROLL DEPARTM	ENT		
PLEASE ENTER THE FOLLOWI TO YOUR RECORDS TAKING E	NG CHANGE(S) FIA A 12020	EFFECTIVE DATE 5/17/2020	
TO YOUR RECORDS TAKING E	FFECT ON: 5/ 14/2020	5/1//2020	
EMPLOYEE NAME ABIGYA	IL HARMAN		
EMPLOYEE NUMBER	DATE HR CHANGED		
EM BOTEE NOMBER	DATE IN CHANGED	Will reflect on 5/29/20	
		alach	
THE CHANGE(S):		Oper	
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER		33400	
☐ JOB TITLE			
■ GRADE	FIREFIGHTER	FIREFIGHTER/EMT	
■ ANNUAL RATE	\$34,205	\$35,205	
☐ HOURLY RATE		200	
☐ CLASS (Exempt, Non-Exempt)		0.102000	
□ STATUS (FT, PT)			
☐ SHIFT TIME			
THE DEAGON FOR THE CL	LANGE (C)		
THE REASON FOR THE CH			
☐ HIRED		RY PERIOD COMPLETED	
□ RE-HIRED	☐ LENGTH OF S	ERVICE INCREASE	
☐ PROMOTION	☐ RE-EVALUAT	ION OF EXISTING JOB	
☐ DEMOTION	☐ RESIGNATION	1	
☐ TRANSFER FROM	□ RETIREMENT		
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPI		MINIEMI ADJOSTINIEMI	
		LDITH	
☐ LEAVE OF ABSENCE FI	•	UNTIL	
☐ OTHER (Explain)	(DATE)	(DATE)	
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	MENT HEAD	DATE	
MARC BRADE		5/14/2020	
APPROVED BY THE TOWN MA	NAGER	DATE	
	With	05-18-20	
H. R. DEPT. WKNOWLEDGEM	ENT OF RECEIPT	DATE	
H. R. DEPF. AGKNOWLEDGEMENT OF RECEIPT DATE 05/19/2020			
Company of the second	per C		
EMPLOYEE ACKNOWLED	OGEMENT		
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
Man and the second of the seco			
Signature Market Date OS/20/2020			



TO: PAYROLL DEPARTMI	FNT		
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING E	NG CHANGE(S) Q/Q4/QQQQ	EFFECTIVE DATE 9/14/2020	
		9/14/2020	
EMPLOYEE NAME DAVE H	ARVEY		
EMPLOYEE NUMBER 1513	DATE UD GUANGED		
)		
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	12
☐ DEPARTMENT NUMBER	32100		192
JOB TITLE	02100	Fire Fighter Paramedic	Harac
□ GRADE		1.182 1191192 / 1010	HOU
■ ANNUAL RATE	20.00	\$41,000	
☐ HOURLY RATE	CA. V. Y. T		1
☐ CLASS (Exempt, Non-Exempt)			10/2 Hour 10/16 3010
■ STATUS (FT, PT)	PT	FT	0.1.
☐ SHIFT TIME			your
	74 - 7000	A.C.	
THE REASON FOR THE CH			
☐ HIRED		RY PERIOD COMPLETED	ſ
□ RE-HIRED	☐ LENGTH OF S	ERVICE INCREASE	125,
☐ PROMOTION	☐ RE-EVALUAT	ION OF EXISTING JOB	V , 1
□ DEMOTION □ RESIGNATION			St
☐ TRANSFER FROM ☐ RETIREMENT			N.
☐ MERIT INCREASE		NMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPL		TATALAN CANON OF A LYABILA	
☐ LEAVE OF ABSENCE FF		LINTH	
LILAYL OF ADSENCE FE	(DATE)	(DATE)	
■ OTHER (Explain) RESIGNAT		(21114)	
REPLACEMENT AND CHANGE FROM	• • •		
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	IENT HEAD	DATE	
MARC BRADE		8/24/2020	
APPROVED BY HUMAN RESOURCES MANAGER DATE		1	
AT INO THOMAN RESOURCES MANAGER		1 -1 1	
- Then I S	hello	8/25/2020	
APPROVEDBY TOWN MANAGER DATE			
Mita		8-25-20	
10/mm/Mun		6 25-20]
EMPLOYEE ACKNOWLED	OGEMENT		
I have received a copy of the	Town of Wytheville Pay Char	age Form and understand that]
my hourly/yearly salary is as	•	ige i offit and understand that	
my nounty/yeurs saidly is as			
Signature		Date 9/10/2020	
Signature .		Date 110/2020	



TO: PAYROLL DEPARTM	ENT	
PLEASE ENTER THE FOLLOWI	` '	EFFECTIVE DATE
TO YOUR RECORDS TAKING F	EFFECT ON:	7/13/2020
EMPLOYEE NAME JOEL	L. HASH, JR.	
EMPLOYEE NUMBER 9	DATE HR CHANGED	Uffect on 8/7/2020
THE OHANGE(C).		0
THE CHANGE(S):	EDOM.	TO
✓ All Applicable Boxes □ DEPARTMENT NUMBER	FROM	ТО
☐ JOB TITLE	DEDUTY CHIEF	CHIEF OF POLICE
☐ GRADE	DEPUTY CHIEF	Chief Of Police
■ ANNUAL RATE	\$65,865.51	\$84,000.00
☐ HOURLY RATE	\$00,000.01	\$54,000.00
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
□ SHIFT TIME		
THE REASON FOR THE C	HANGE(S):	
□ HIRED	☐ PROBATION	NARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
■ PROMOTION		ATION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATION (T)	
☐ TRANSFER FROM ☐ RETIREMENT		
☐ MERIT INCREASE		LIGNMENT ADJUSTMENT
\square TEMP. SERVICE COMP		I
\square LEAVE OF ABSENCE F	ROM	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		
		
AUTHORIZATION:		
RECOMMENDED BY DEPARTI	MENT HEAD	DATE
		-
ADDROVED DA THE TOWN MA	ANACED	DATE
APPROVED BY THE TOWN MA	INAGER	DATE
//M/ Mor		6-3420
H. R. DEPT ACKNOWLEDGEM	IENPOP)RECEIPT	DATE 6-3020 DATE 06/30/2020
Only X.	Thelto	106/30/2020
EMPLOYEE ACKNOWLE	DGEMENT	
I have received a conv of the	Town of Wytheville Pav C!	hange Form and understand that
my hourly/yearly salary is as		
ing nouncy, young said y is as	majoutod pro vo.	
Signatura / / 1	Ha la	Date 7/14/2020
Signature /		Date 1/19/75CU



TO: PAYROLL DEPARTM PLEASE ENTER THE FOLLOWI TO YOUR RECORDS TAKING F	NG CHANGE(S)	EFFECTIVE DATE 6/26/19
TO YOUR RECORDS TAKING E	EFFECT ON: 6/26/19	6/26/19
EMPLOYEE NAME HASH,	JR., JOEL LEE	
EMPLOYEE NUMBER 009	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
■ DEPARTMENT NUMBER	31100	N/C
JOB TITLE	Deputy Chief	N/C
■ GRADE	12	N/C
■ ANNUAL RATE	\$59,259.03	\$64,259.03
☐ HOURLY RATE	N/A	N/A
CLASS (Exempt, Non-Exempt)	Exempt	N/C
STATUS (FT, PT)	Full Time	N/C
■ SHIFT TIME	Primarily Day Shift	N/C
= 51111 1 111VIL	Trittlainy Day Office	
THE REASON FOR THE C	HANGE(S):	
□ HIRED		ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	
☐ TRANSFER FROM	🗆 RETIREMEN'	
☐ MERIT INCREASE	■ SALARY ALI	GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMP	LETED □ DISCHARGE	
☐ LEAVE OF ABSENCE F		UNTIL
(DATE) (DATE)		
☐ OTHER (Explain)	(2:::2)	
		(/
LI OTTER (Explain)		(2.1.2)
— OTTLK (Explain)		
LI OTTIER (Explain)		
AUTHORIZATION:		
AUTHORIZATION: RECOMMENDED BY DEPART		DATE
AUTHORIZATION: RECOMMENDED BY DEPART		DATE
AUTHORIZATION: RECOMMENDED BY DEPART		DATE 6/25/19
AUTHORIZATION: RECOMMENDED BY DEPART		DATE 6/25/19 DATE
AUTHORIZATION:	ANAGER	DATE 6/25/19
AUTHORIZATION: RECOMMENDED BY DEPARTMENT OF APPROVED BY THE TOWN MA	ANAGER Turnellul Q	DATE 6/25/19 DATE 6/25/19 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTM Chief Rule Man APPROVED BY THE TOWN MA	ANAGER Turnellul Q	DATE 6/25/19 DATE 6/25/19
AUTHORIZATION: RECOMMENDED BY DEPARTM Chief Rull Man APPROVED BY THE TOWN MA	ANAGER TENT OF REGEIPT Shellor	DATE 6/25/19 DATE 6/25/19 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY THE TOWN MA Wayne S H. R. DEPT. ACKNOWLEDGEM EMPLOYEE ACKNOWLE	ANAGER WHENT OF REGEIPT DIGEMENT	DATE 6/25/19 DATE 6/25/19 DATE 6/27/19
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY THE TOWN MA Wayne S H. R. DEPT. ACKNOWLEDGEM EMPLOYEE ACKNOWLE	ANAGER MENT OF RECEIPT DGEMENT Town of Wytheville Pay Cha	DATE 6/25/19 DATE 6/25/19 DATE



CK

TO: PAYROLL DEPARTME	ENT		
PLEASE ENTER THE FOLLOWIN	PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 6/8/2020 EFFECTIVE DATE		
TO TOOK RECORDS TAKING E	I LCI OI1.		
EMPLOYEE NAME KRISTO	PHER HAYS	1	
EMPLOYEE NUMBER	DATE HR CHANGED	Will reflect on 7/10/2020	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
■ DEPARTMENT NUMBER	11011	32100	
JOB TITLE	FIREFIGHTER	FIREFIGHTER/EMT	
□ GRADE			
■ ANNUAL RATE	\$35,205	\$36,205	
☐ HOURLY RATE			
☐ CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
□ SHIFT TIME			
THE REASON FOR THE CH			
☐ HIRED	☐ PROBATION A	ARY PERIOD COMPLETED	
□ RE-HIRED	☐ LENGTH OF S	SERVICE INCREASE	
□ PROMOTION		TION OF EXISTING JOB	
☐ DEMOTION	□ RESIGNATIO	102	
		(
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
☐ LEAVE OF ABSENCE FF	ROM	_ UNTIL	
	(DATE)	(DATE)	
■ OTHER (Explain) PREVIOUSLY CLEARED AS DRIVER, NOW COMPLETED EMT-B			
_			
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	CENTELIE AD	DATE	
	LINI HEAD		
MARC BRADE 6/8/2020			
APPROVED BY THE TOWN MANAGER DATE			
	- //	08-24	
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT Chui L. Shillon (48/2020			
H. R. DEPT. ACKNOWLEDGEM	ENT OF RECEIPT	DATE	
Shui L. Shiller 4/8/2020			
EMPLOYEE ACKNOWLED	OGEMENT		
I have received a conv of the	Town of Wytheville Pay Cha	nge Form and understand that	
my hourly/yearly salary is as			
7 al		D .	
Signature Mrs Hope Date			



TO: PAYROLL DEPARTM	ENT		
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 3/7/20	
TO YOUR RECORDS TAKING EFFECT ON:		3/1/20	
EMPLOYEE NAME KRISTO	PHER HAYS		
	DATE HR CHANGED		
EMPLOYEE NUMBER	DATE HR CHANGED	Will retket on 4/3/20 ck	
		1000	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER			
□ JOB TITLE			
□ GRADE			
■ ANNUAL RATE		\$35,205	
☐ HOURLY RATE			
☐ CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CH	HANGE(S):		
□ HIRED	☐ PROBATION	ARY PERIOD COMPLETED	
□ RE-HIRED		SERVICE INCREASE	
□ PROMOTION		TION OF EXISTING JOB	
☐ DEMOTION ☐ RESIGNATION ☐ RETIREMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
$\ \square$ LEAVE OF ABSENCE FF		UNTIL	
	(DATE)	(DATE)	
☐ OTHER (Explain) CLEARANCE OF ENGINE DRIVER			
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	IENT WEAD	DATE	
	The	3.12.20	
APPROVED BY THE TOWN MA	NAGER	DATE	
(wsh		03-12-20	
H. R. DEPT ACKNOWLEDGEM	ENT OF PECEIPT	DATE	
H. K. DEPTACKNOWLEDGEWI	EN PRECEIP	DATE	
Shui L.	Sheller	3/12/2020	
EMPLOYEE ACKNOWLED	GEMENT		
EMI DO I DE ACINIO M DEDODIMENT			
I have received a conv of the	Town of Wytheville Pay Ch	nange Form and understand that	
my hourly/yearly salary is as	-		
1 1 1 1 1 1 1 1	maration above.		
Signature Main House		Date 3-13-20	



TO: PAYROLL DEPARTM	ENT		
PLEASE ENTER THE FOLLOWING CHANGE(S) 5/1/21 TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 5/1/21	
		3/1/21	
EMPLOYEE NAME JEFF H	JODGE		
JEFF			
EMPLOYEE NUMBER 1094	DATE HR CHANGED	Stullar Che	
lota		Will reflect on 5/14/21 Che	
THE CHANGE(S):	-		
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER			
□ JOB TITLE			
GRADE	2.00	450,000	
■ ANNUAL RATE	\$48,617.57	\$50,000	
☐ HOURLY RATE			
CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT) ☐ SHIFT TIME			
□ SHIFT TIME	L		
THE DEAGON FOR THE C	TANCE (C).		
THE REASON FOR THE CI			
□ HIRED		ARY PERIOD COMPLETED	
☐ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE	
ROMOTION	RE-EVALUA	TION OF EXISTING JOB	
□ DEMOTION □ RESIGNATION			
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE \			
☐ LEAVE OF ABSENCE F		UNTIL \	
BELIVE OF RESERVEE IT	(DATE)	(DATE)	
OTHER (Explain) ROLES &		(====,	
AUTHORIZATION:		D + MD	
RECOMMENDED BY DEPARTM	MENT HEAD A.	DATE	
MARC BRADE		4/2/21	
		DATE	
APPROVED BY TOWN MANAGER APPROVED BY TOWN MANAGER DATE 4-14-2021			
APPROVED BY TOWN MANAGER DATE		DATE	
Ma Ana		21-14-2021	
1/1mg/m 7-17-coz			
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
Signature War those Date 4-30-21			
Date 1700			



TO: PAYROLL DEPARTM	ENT		
PLEASE ENTER THE FOLLOWI	` '	Doc.2,2019	
TO YOUR RECORDS TAKING EFFECT ON:		Dec. 2, 2011	
EMPLOYEE NAME JEFFR	EY A. HODGE		
EMPLOYEE NUMBER 1094	DATE HR CHANGED	CK date 12/13/19	
	1		
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER			
JOB TITLE	FIREFIGHTER/ENGINEER	FIRE SERGEANT	
■ GRADE	08	10	
■ ANNUAL RATE	\$46,617.57	\$48,617.57	
☐ HOURLY RATE	54		
☐ CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
SHIFT TIME	SHIFT CHANGES	STANDARD SCHEDULE	
THE REASON FOR THE CH			
☐ HIRED	☐ PROBATIONA	RY PERIOD COMPLETED	
□ RE-HIRED	☐ LENGTH OF S	ERVICE INCREASE	
■ PROMOTION	☐ RE-EVALUAT	ION OF EXISTING JOB	
☐ DEMOTION	☐ RESIGNATION	1	
☐ TRANSFER FROM	□ RETIREMENT	`	
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
☐ LEAVE OF ABSENCE FI		UNTIL	
☐ OTHER (Explain)	(DATE)	(DATE)	
AUTHORIZATION			
RECOMMENDED BY BEPARTI	MENT HEAD	DATE	
7		10.21-19	
A ()			
APPROVED BY THE TOWN MA		DATE	
(Wayer Seatherline) 10-21-19			
H. R. DEPT ACKNOWLEDGEM	ENT OF RECEIPT	DATE	
H. R. DEPT ACKNOWLEDGEMENT OF RECEIPT DATE 10/31/19			
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.			
Signature Jeffer A. Hoog 9 Date 11-26-19			



TO: PAYROLL DEPARTME	ENT	ال ا
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 8/30/2001
TO YOUR RECORDS TAKING EF	FECT ON:	8/30/2021
EMPLOYEE NAME MICHA	AEL R. HOLLIDA	ΔΥ
ELON OWEE MINADED	DATE UD CHANCED	
EMPLOYEE NUMBER 1558	DATE III CHANGED	Will reflect on 9/3/2021
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
□ JOB TITLE		
□ GRADE		
■ ANNUAL RATE	\$24,920.00	\$26,520.00
■ HOURLY RATE	\$11.98	\$12.75
☐ CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		
☐ SHIFT TIME		
THE DEAGON FOR THE CU	(ANCE/C).	
THE REASON FOR THE CH		LADY DEDICE COLOR ETTER
□ HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		F SERVICE INCREASE
☐ PROMOTION		ATION OF EXISTING JOB
☐ DEMOTION ☐ RESIGNATION		ON
☐ TRANSFER FROM ☐ RETIREMENT		
☐ MERIT INCREASE ■ SALARY ALIGNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE		
☐ LEAVE OF ABSENCE FR	OM	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		,
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
18 6 11/1	//	8/20/2021
1. Dr. flat		B/30/2021 DATE 8/30/2021 DATE 8/30/2021
APPROVED BY HUMAN RESOURCES MANAGER DATE		DATE
	hallen	8/30/2021
APPROVED BY TOWN MANAGE	GD CO	DATE
	SK.	2 130 /201
B_F_		8 130 [202]
EMPLOYEE ACKNOWLEDGEMENT		
LIVII DO I DE ACKITO WEDDOLIVIENT		
I have received a conv of the	Town of Wytheville Pay C!	hange Form and understand that
I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.		
ing mountaing carry satisfy to as i	**********	
Signature - 1 0 1d-11	1 .	Date 8-30-2021
Signature michael Hall	ecles	Date 0 30 (20C)

TOWN OF V	YYTHEVILLE PAY CHA	NGE FORM SOUTH TO SUIT OF THE PARTY OF THE P
		BUV II BINIEIU
TO: PAYROLL DEPARTMEN	<u> </u>	
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE
TO YOUR RECORDS TAKING EFF	ECT ON:	10/1/2000
EMPLOYEE NAME Jeff Hoope	er	·
EMPLOYEE NUMBER 830	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER	TROM	10
■ JOB TITLE	Web Designer/Computer Tech	Assistant Computer Operations Manager
■ GRADE	10	12
ANNUAL RATE	\$45,618.95	\$58,000.00
☐ HOURLY RATE	, tojo toto	
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CHA	NGF(S)·	
		ARY PERIOD COMPLETED
HIRED		
☐ RE-HIRED		SERVICE INCREASE
■ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	N
☐ TRANSFER FROM	☐ RETIREMEN	T
☐ MERIT INCREASE	□ SALARY AL	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE		
☐ LEAVE OF ABSENCE FRO		
LI LEAVE OF ADSENCE FRO	OM	UNTIL(DATE)
☐ OTHER (Explain)	(DATE)	(22)
LI OTTEK (Explain)	- 1	
AUTHORIZATION:		D.A.
RECOMMENDED BY DEPARTME	NTHEAD	DATE
. The Gley		10 / 26/2020 DATE 10 / 28/2020
APPROVED BY HUMAN RESOURCES MANAGER DATE		DATE
Shui L. Shorton 10/28/6		10/28/2020
ATTROPEST TOWN MANAGER		Bitte
Mr More		10-28-2020
EMPLOYEE ACKNOWLEDO	BEMENT	
I have received a copy of the To	own of Wytheville Pay Ch	ange Form and understand that
my hourly/yearly salary is as in		9
Signature Signature	()	Date 10-28-20

TO: PAYROLL DEPARTMEN	Γ		
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE	
TO VOLD DECODES TAKING FEFECT ON:		July 0, 2017	
EMPLOYEE NAME Jeff Hoope	r		
Jeli Hoope		PMTEDE	
EMPLOYEE NUMBER 830	DATE HR CHANGED	IG SZS	
		7/10/17	
THE CHANGE(S):		7, 2,7, 1	
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER			
□ JOB TITLE			
□ GRADE			
■ ANNUAL RATE	38617,05	40741.00	
☐ HOURLY RATE		(8)	
CLASS (Exempt, Non-Exempt)			
STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CHAI	VGF(S)·		
☐ HIRED		ARY PERIOD COMPLETED	
		SERVICE INCREASE	
☐ RE-HIRED		,	
☐ PROMOTION		TION OF EXISTING JOB	
□ DEMOTION □ RESIGNATION			
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE	SALARY AL	IGNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
☐ LEAVE OF ABSENCE FROM	M	UNTIL	
	(DATE)	(DATE)	
☐ OTHER (Explain)			
AUTHORIZATION:			
RECOMMENDED BY DEPARTMEN	T HEAD	DATE	
		1/21/- 1/2	
		1/30/201/	
APPROVED BY THE TOWN MANAGER DATE		DATE	
Mayre Sutrecherely 06-15-19			
H. R. DEPT ACKNOWLEDGEMENT OF RECEIPT DATE			
		1/20/17	
mu h.	mitte	6/20/11	
EMPLOYEE ACKNOWLEDGE	EMENIT		
EMILO I EE ACKNOWLEDGI	EIVIEIN I		
I have received a copy of the Tov	wn of Wytheville Pay Ch	ange Form and understand that	
my hourly/yearly salary is as ind			
		,	
Signature		Date (2-15-17	

TO: PAYROLL DEPARTMEN	JT		
PLEASE ENTER THE FOLLOWING	PLEASE ENTER THE FOLLOWING CHANGE(S) EFFEC		
TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 6/23/21	
EMPLOYEE NAME TAYLOF	LIVATT		
IATLOR	СПТАТТ		
EMPLOYEE NUMBER	DATE HR CHANGED	11:11 - 11 1 7/2/2010	
		Will reflect on 7/9/2021 Checa	
		, 1	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER			
☐ JOB TITLE			
□ GRADE			
■ ANNUAL RATE	\$35,205	\$36,205	
☐ HOURLY RATE			
☐ CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CHA	NGF(S):		
☐ HIRED		VARY PERIOD COMPLETED	
□ RE-HIRED		SERVICE INCREASE	
	□ RE-EVALUA	ATION OF EXISTING JOB	
	☐ RESIGNATION IN CONTROL CONTROL	ON	
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
LEAVE OF ABSENCE FROMUNTIL			
OTHER (Explain) COMPLETED ENGINE DRIVER INTERNSHIP			
OTHER (Explain) COMPLETED ENGINE DRIVER INTERNSHIP			
AUTHORIZATION:			
RECOMMENDED BY DEPARTME	NT HEAD	DATE	
		6/23/2021	
MARC BRADE	\mathcal{O}	0/23/2021	
APPROVED BY HUMAN, RESOURCES MANAGER DATE		DATE	
(1) P/	UAL		
APPROVED BY TOWN MANAGER DATE C/29/2021			
APPROVED BY TOWN MANAGER DATE			
5-1-			
EMPLOYEE ACKNOWLEDGEMENT			
I have received a convent the Town of Wetheville Day Change Forms and understand that			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
// // mth/0/-1			
Signature June 1910			

TO: PAYROLL DEPARTMENT			
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING E	NG CHANGE(S)	EFFECTIVE DATE 12/17/2020	
		12/17/2020	
EMPLOYEE NAME TAYLE	DUVATT		
IATLE	RHIAII		
EMPLOYEE NUMBER	DATE HR CHANGED	1 2201 ET	
		Jan. 1, 2021 FT	
33		Hee Da	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER		33400	
☐ JOB TITLE			
GRADE			
☐ ANNUAL RATE		\$35,205	
☐ HOURLY RATE			
CLASS (Exempt, Non-Exempt)			
STATUS (FT, PT)	PART TIME	FULL TIME	
☐ SHIFT TIME			
THE REASON FOR THE CH	IANGE(S):		
☐ HIRED	□ PROBATIONA	RY PERIOD COMPLETED	
□ RE-HIRED		ERVICE INCREASE	
		•	
☐ PROMOTION ☐ RE-EVALUATION OF EXISTING JOB			
□ DEMOTION □ RESIGNATION			
TRANSFER FROM PT.			
☐ MERIT INCREASE	☐ SALARY ALIC	GNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPL	LETED		
☐ LEAVE OF ABSENCE FR	ROM	UNTIL	
	(DATE)	(DATE)	
☐ OTHER (Explain)REPLACE	MENT VIA HENSLEY	•	
832	<u> </u>		
22			
AUTHORIZATION:			
RECOMMENDED BY DEPARTMENT HEAD DATE			
MARC BRADE		12/16/2020	
		DATE	
APPROYED BY HUMAN RESOURCES MANAGER DATE			
APPROVED BY TOWN MANAGER DATE 12/16/2020 12-14-2020			
APPROVED BY TOWN MANAGER DATE			
AFFROVED BITCHIN MANAGER			
12-14-2020			
EMPLOYEE ACKNOWLED	CEMENT		
EMI EO I EL ACRITO WELDOLMENT			
I have received a complete Tourn of Whithaville Dev Change Form and understand that			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
Signature Tanhan Harall Date 1/1/67/			
Signature ////	14/1/1/	Date ////a)/	

	- WITHEVIELETAT CHA	NOE PURM
TO: PAYROLL DEPARTM	IENT	0/3/1
PLEASE ENTER THE FOLLOW	NG CHANGE(S)	. 1.0
TO YOUR RECORDS TAKING E	SEEECT ON:	EFFECTIVE DATE
EMPLOYEE NAME		
CRYS	TAL B. HYLTON	,
EMPLOYEE NUMBER	DATE HR CHANGED	
607	_ I I I I I I I I I I I I I I I I I I I	1 8110/18 Check
	•	College de de de
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
D DEPARTMENT NUMBER		10
I JOB TITLE I GRADE		
ANNUAL RATE		
I HOURLY RATE	\$54,750.54	\$56,750.54
CLASS (Exempt, Non-Exempt)		
USTATUS (FT, PT)		
DSHIFT TIME		
THE REASON FOR THE OU	ANGEGO	
THE REASON FOR THE CH		
	PROBATIONAL	RY PERIOD COMPLETED
DRE-HIRED	☐ LENGTH OF SE	ERVICE INCREASE
PROMOTION	☐ RE-EVALUATION	ON OF EXISTING JOB
DEMOTION	☐ RESIGNATION	or or Exported JOB
☐TRANSFER FROM	□ RETIREMENT	1
☐MERIT INCREASE	D SALARY ALICA	NMENT ADJUSTMENT
TEMP. SERVICE COMPLI	HIHI) IIDISCIIADOD	1
□LEAVE OF ABSENCE FR	OM BISCHARGE	I D YOU
	(DATE)	
OTHER (Explain) CRYSTAL H	AS SUCCESSFULLY COMPLETED HED	(DATE)
PROBATIONARY PERIOD, SEE ATTACH	IED.	TOTA MONTH PROMOTION
AUTHORIZATION:		
RECOMMENDED BY DEPARTME	NIT LIE A D	
ALLOW MENDED BY DEFARIME	() 1	DATE
\mathcal{L}		71010
APPROVED BY THE TOWN MAN	AGER (Male)	7-19-18
////		DATE
- Wayne 5	wherlied ()	07-26-18
H. R. DEPT ACKNOWLEDGEMEN	LOF RECEIPT	DATE
1 6 4 9	141	
I I M A. S.	relies	7/26/18
EMPLOYEE ACKNOWLEDG	EMENT	
*1		
I have received a copy of the Town of Wytheville Pay Change Form and understand that		
my hourly/gearly salary is as ind	icated above.	- o-m und understand that
111 04011	/	
Signature		Date_8-7-18

TO: PAYROLL DEPARTM	ENT		
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE	
TO YOUR RECORDS TAKING EFFECT ON:		1-15-18	CATER
EMPLOYEE NAME CRYST	TAL B. HYLTON	2	GURS
EMPLOYEE NUMBER 607	DATE HR CHANGED	Will reflect on	1121118
		Will softee or	Check
THE CHANGE(S):		DACK	4000
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER			
■ JOB TITLE	RECREATION SERVICES COORDINATOR	ASSISTANT RECREATION DIRE	CTOR
■ GRADE	08	12	
■ ANNUAL RATE	\$44,070.02	\$53,677.00	
☐ HOURLY RATE			
☐ CLASS (Exempt, Non-Exempt)		-	Ch
☐ STATUS (FT, PT)			
☐ SHIFT TIME			VR
THE REASON FOR THE CI	HANGE(S):		1/8
□ HIRED		RY PERIOD COMPLET	ren
			ED
☐ RE-HIRED		ERVICE INCREASE	
■ PROMOTION		ION OF EXISTING JOB	3
☐ DEMOTION	\square RESIGNATION	1	
☐ TRANSFER FROM	☐ RETIREMENT		
☐ MERIT INCREASE	□ SALARY ALIG	NMENT ADJUSTMEN	íT
☐ TEMP. SERVICE COMPI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
☐ LEAVE OF ABSENCE FROM UNTIL			
(DATE) (DATE)			
□ OTHER (Explain)			
<u> </u>			
AUTHORIZATION:			
RECOMMENDED BY DEPARTMENT HEAD DATE			
Kickshowalks 11/30/17			
APPROVED BY THE TOWN MANAGER DATE			
Maynes	interled Ch	12-07-1	7
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT DATE			
Mui X Shelton 12/1/17			
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.			
1154011			
Signature / //	Signature Date - 0-18		



TO: PAYROLL DEPARTMEN	NI		
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE	
TO YOUR RECORDS TAKING EFFECT ON:			
EMPLOYEE NAME REBEC	CCA "BECKY" I	RVIN	
EMPLOYEE NUMBER 1010	DATE HR CHANGED	will reflect on 11/24/21 check	
1010	The first the second se		
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER	1 No. 10		
□ JOB TITLE		The second of the second of the second or th	
□ GRADE			
■ ANNUAL RATE	\$38,873,24	\$40,373.00	
☐ HOURLY RATE			
CLASS (Exempt, Non-Exempt)			
STATUS (FT, PT)			
☐ SHIFT TIME		A STATE OF THE PARTY OF THE PAR	
THE DEACON FOR THE OUT	NCE(C).		
THE REASON FOR THE CHA		VARY PERIOD COMPLETED	
☐ RE-HIRED			
		SERVICE INCREASE	
☐ PROMOTION		ATION OF EXISTING JOB	
☐ DEMOTION ☐ RESIGNA			
☐ TRANSFER FROM ☐ RETIREMENT		JT	
		JIGNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPLE	TED DISCHARGE	3	
☐ LEAVE OF ABSENCE FRO		UNTIL	
(DATE) (DATE)			
□ OTHER (Explain)			
AUTHORIZATION:			
RECOMMENDED BY DEPARTME	MI HEAD	DATE	
(2.4)	- vale	11/17/21	
APPROVED BY HUMAN RESOUR	CES MANAGED	DATE	
APPRILITED BY HOMAN RESOUR			
Shui 2	116	11/17/2021	
APPROVED BY TOWN MANAGER		DATE	
and the same of th			
5 tr		11 17 202	
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the Towp of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
	U X	110101	
Signature Popular	1/1	Date	



TO: PAYROLL DEPARTMENT			
PLEASE ENTER THE FOLLOWIN		EFFECTIVE DATE	
TO YOUR RECORDS TAKING EF	FECT ON:	3/14/8	
EMPLOYEE NAME REBEC	CA "BECKY" IRVIN		
EMPLOYEE NUMBER 1010	DATE HR CHANGED	2	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER			
□ JOB TITLE			
☐ GRADE			
■ ANNUAL RATE	\$32,500.00	\$34,500.00	
☐ HOURLY RATE			
CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CH			
☐ HIRED	PROBATIONAL	ARY PERIOD COMPLETED	
☐ RE-HIRED	☐ LENGTH OF S	SERVICE INCREASE	
☐ PROMOTION		TION OF EXISTING JOB	
DEMOTION	□ RESIGNATIO		
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPL			
☐ LEAVE OF ABSENCE FR			
(DATE) (DATE) OTHER (Explain) BECKY HAS SUCCESSFULLY COMPLETED HER SIX MONTH PROBATION.			
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	ENT HEAD	DATE	
	1. /8/	2/11/12	
KIN HOUNDE 316/18			
APPROVED BY THE TOWN MANAGER DATE			
APPROVED BY THE TOWN MANAGER (Whyne Sucherheid) DATE 03-16-18			
H. R. DEPT ACKNOWLEDGEMENT OF RECEIPT DATE			
She L Shella 3/16/18			
S/ Ku & S/ KUVES 3/10/10			
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
my nounty yearty saidly is as indicated above.			
Signature Bertin Mi Date 3-19-18			



TO: PAYROLL DEPARTM	ENT	
PLEASE ENTER THE FOLLOWI	NG CHANGE(S)	EFFECTIVE DATE 40/22/2017
TO YOUR RECORDS TAKING E	FFECT ON:	10/23/2017
EMPLOYEE NAME	CCA "BECKY" IRVIN	1
EMPLOYEE NUMBER 1010	DATE HR CHANGED	
1010		1
THE CHANCE(S).		
THE CHANGE(S):	FROM	TO
✓ All Applicable Boxes □ DEPARTMENT NUMBER	FROM	ТО
JOB TITLE	AEROBIC INSTRUCTOR	FITNESS COORDINATOR
■ GRADE	AEROBIC INSTRUCTOR	8
ANNUAL RATE	\$13.53	\$32,500.00
☐ HOURLY RATE	\$10.33	402,000.00
■ CLASS (Exempt, Non-Exempt)		NON-EXEMPT
■ STATUS (FT, PT)	PT	FT
☐ SHIFT TIME		VARIES
THE REASON FOR THE CH	HANGE(S):	
□ HIRED	` '	RY PERIOD COMPLETED
□ RE-HIRED		ERVICE INCREASE
■ PROMOTION		ION OF EXISTING JOB
□ DEMOTION /	RESIGNATION	1
☐ TRANSFER FROM	DRETIREMENT	
☐ MERIT INCREASE		SNMENT ADJUSTMENT
🛮 🗆 TEMP. SERVICE COMPJ	LETED □ DISCHARGE	
☐ LEAVE OF ABSENCE FI	ROM	_UNTIL
	(DATE)	(DATE)
🗏 OTHER (Explain)_FROM PT	TO FT - DUE TO JOB OPENING FULL-	TIME FITNESS COORDINATOR
L		
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	MENT HEAD	DATE
(7.1)	XI H	10/20/2017
1690	herwald	10/20/2017
APPROVED BY THE TOWN MA	NAGER	DATE
/11/2		.,, 0, .,,
C Wayne S	The state of the s	DATE 10/20/2017
H. R. DEPT, ACKNOWLEDGEM	ENT OF RECEIPT	DATE
- Thui Z.	Shorts	10/20/2017
- per		101-1
	CENTENIE	
EMPLOYEE ACKNOWLED	JGEMEN I	
	TCW 41 '11 P C'	
2 2	Town of Wytheville Pay Char	ige Form and understand that
my hourly/yearly salary is as	indicated above.	
		11 / 5
Signature - 4	`	Date //-/-/7



TO: PAYROLL DEPARTM	ENT	
PLEASE ENTER THE FOLLOWI		EFFECTIVE DATE
TO YOUR RECORDS TAKING E	FFECT ON:	
EMPLOYEE NAME KRISTI	H. JACKSON	
EMBLOWEE MINADED	DATE HR CHANGED	
EMPLOYEE NUMBER 753		Will reflect on 7/10/2000 C
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
☐ JOB TITLE ☐ GRADE		
■ ANNUAL RATE	\$44,500.00	17 mg
☐ HOURLY RATE	\$44,000.00	77,00
☐ CLASS (Exempt, Non-Exempt)	100 E/E	
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CI		
☐ HIRED		ARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
☐ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	ON
☐ TRANSFER FROM	☐ RÉTIREMEN	T
☐ MERIT INCREASE	☑ SALARY AL	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMP.	LETED □ DISCHARGE	
☐ LEAVE OF ABSENCE F	ROM	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		
AUTHORIZATION:	ACNUT HEAD	DATE
RECOMMENDED BY DEPARTI	MENI HEAD	DATE
	uso.	06-30-20
APPROVED BY THE TOWN MA	ANAGER	DATE
< Wayne 3	Suit as les . D	W - 32 3 2
		06-30-20
H. R. DEPT. ACKNOWLEDGEN	IENT OF RECEIPT	DATE
Shui I	South	010/30/2020
- July	CHINAS.	100 00
EMPLOYEE ACKNOWLE	DGEMENT	
EMI EOTEE ACKNOWEE	DOLIVIENT	
I have received a copy of the	Town of Wytheville Pay Ch	nange Form and understand that
my hourly/yearly salary is as		
	1	, .
Signature Nister 2	Markson	Date 6/30/2020
Significant I (Dec)	· GWGJGW	

		PS 10/25/1
TOWN OF	WYTHEVILLE PAY CHAN	GE FORM
TO: PAYROLL DEPARTM	ENT	
PLEASE ENTER THE FOLLOWI TO YOUR RECORDS TAKING E		EFFECTIVE DATE CHECK
EMBLOVEE MAME	I H. JACKSON	
EMPLOYEE NUMBER 753	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER	11020	12710
■ JOB TITLE	DEPUTY CLERK/TOWN MANAGER'S OFFICE	H.R. ASSISTANT/PAYROLL TECHNICIAN
□ GRADE		
ANNUAL RATE	\$43,240.69	\$44,500.00
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME	1	
THE REASON FOR THE C	☐ PROBATIONA	RY PERIOD COMPLETED ERVICE INCREASE
☐ PROMOTION		ION OF EXISTING JOB
TRANSFER FROM 11020		
☐ MERIT INCREASE		SNMENT ADJUSTMENT
☐ TEMP. SERVICE COMP		
\square LEAVE OF ABSENCE F	ROM	UNTIL
☐ OTHER (Explain)	2.5 Hiring - Per	Sonnel Ord.
	<u> </u>	
AUTHORIZATION:		
RECOMMENDED BY DEPART	MENT HEAD	DATE
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APPROVED BY THE TOWN MA	AN/AGER	DATE '
CWayan Suit	when or become	09-06-19.
H. R. DEET ACKNOWLEDGEN	Liller	9/10/19
EMPLOYEE ACKNOWLE	DGEMENT	1 1 1
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I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.

Signature

Date 9 11 19



TO: PAYROLL DEPARTME	ENT	PRECENTEDATE 3
PLEASE ENTER THE FOLLOWIN	IG CHANGE(S) 0/46/2020	EFFECTIVE DATE 9/18/2020
		91 1012020
EMPLOYEE NAME Brandi I	M lones	
Dianui		
EMPLOYEE NUMBER 636	DATE HR CHANGED	10/14/2020 Check
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER	TROW	10
■ JOB TITLE	Deputy Clerk	Chief Deputy Clerk
☐ GRADE	10	12
■ ANNUAL RATE	\$43,240.60	\$48,240.60
☐ HOURLY RATE	φ43,240.00	\$40,240.00
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		1
LI SHIFT TIME		
THE REASON FOR THE CH	IANGE(S):	
□ HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
		TION OF EXISTING JOB
■ PROMOTION		
☐ DEMOTION	☐ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMENT	
☐ MERIT INCREASE	☐ SALARY ALI	GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	LETED DISCHARGE	
☐ LEAVE OF ABSENCE FF	ROM	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		
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AUTHORIZATION:		
RECOMMENDED BY DEPARTM	(ENT LEAD	DATE
RECOMMENDED BY DEPARTM	IENT HEAD	
Ala A	(/ 2.*	9/16/2020
(APPROVED BY HUMAN RESOL	IPCES MANAGER	DATE
AFFROM BI HOWAIN KISOC	AL MANAGER	
Thu Z	/(a >	9/23/2020
APPROVED BY TOWN MANAG	FR	DATE
ATTROVED BIJTOWN MARVAG	LK	
// //M// More		9-17-20
EMPLOYEE ACKNOWLED	CEMENT	
EWITLO I EE ACKNOWLEL	OEMENI	
I have received a copy of the	Town of Wytheville Pay Cha	ange Form and understand that
my hourly/yearly salary is as		· ·
my nothly yearly suitary is as		\ \
M Win MCK Stranger	11.300	Date (0/13/20)
Signature X W (1)	Thurs	Date 10 10100

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TO: PAYROLL DEPARTME		
PLEASE ENTER THE FOLLOWIN		EFFECTIVE DATE PORIL 2,2021 CA
TO YOUR RECORDS TAKING EL	FECT ON:	- PAPRIT 2, 2021 CA
EMPLOYEE NAME Jones,	Josh Allen	
EMPLOYEE NUMBER 1509	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER		
■ JOB TITLE	Police Officer	Police Corporal
■ GRADE ■ ANNUAL RATE	9 \$39,288.00	10 \$53,329.25
☐ HOURLY RATE	\$39,200.00	φ33,329.23
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
□ SHIFT TIME	TO THE STATE OF TH	
THE REASON FOR THE CH	IANGE(S)	
☐ HIRED		VARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
■ PROMOTION		ATION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM		
☐ MERIT INCREASE		LIGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPI		Ξ
☐ LEAVE OF ABSENCE FF	-	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		<u> </u>
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	TENT HEAD	DATE
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bel I Hash		3/5/2021
APPROVED BY HUMAN RESOL	IRCES MANAGER	DATE
$\leq \mathcal{Y} \cdot \mathcal{Y} \in$		2/12/2000
Chu a.O	MULLON	3/10/2021
APPROVED BY TOWN MANAG	ER'	DANE
Mit Mon		3-10.2021
(Just - Man		
EMPLOYER ACKNOWN DE	CEMENT	
EMPLOYEÉ ACKNOWLED	JGEMEN I	
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	indicated above	
my hourly/yearly salary is as	inflicated above.	
	muicated above.	2
my hourly/yearly salary is as Signature	au	Date3-//- 2.1
1	au a	Date 3-//- 21

		7
TO: PAYROLL DEPARTM		PROPERTY IN DATE
PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING E	EEECT ON.	EFFECTIVE DATE
EMPLOYEE NAME Ron Jud	TLET ON.	10/1/200
Ron Jud	е	
EMPLOYEE NUMBER 605	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		
■ JOB TITLE	Computer Tech/Info Systems Spec	Computer Operations Manager
■ GRADE	10	14
■ ANNUAL RATE	\$45,618.95	\$64,000
☐ HOURLY RATE		
CLASS (Exempt, Non-Exempt)	Non-exempt	Exempt
STATUS (FT, PT)		
☐ SHIFT TIME	<u> </u>	
THE REASON FOR THE CI	HANGE(S):	
□ HIRED		ARY PERIOD COMPLETED
☐ RE-HIRED		SERVICE INCREASE
■ PROMOTION		TION OF EXISTING JOB
DEMOTION	□ RESIGNATIO	
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☐ TRANSFER FROM	RETIREMEN	
☐ MERIT INCREASE		GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMP		V D VIDIV
☐ LEAVE OF ABSENCE F		UNTIL
☐ OTHER (Explain)	(DATE)	(DATE)
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	MENT HEAD	DATE
ale Ale		10/21/2020
APPROVED BY HUMAN RESO	UDOEC MANIA CED	10 / 26 /2020
APPROVED BY HUMAN RESU	ORCES MANAGER	10/28/2020
Shui I S	hilles	10/28/2020
APPROVED BY TOWN MANAC	GER	DATE
1 / Med 2		10-28-2020
/ Mup Nou		10 20 2000
EMPLOYEE ACKNOWLE	DGEMENT	
I have received a copy of the	Town of Wytheville Pay Ch	ange Form and understand that
my hourly/yearly salary is as		-
l & MA		10/2/1-02
Signature Yours I	me	

TO: PAYROLL DEPARTME	TV	
PLEASE ENTER THE FOLLOWING	G CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EFI	FECT ON:	JULY 01 2017
EMPLOYEE NAME Ron Jude		
Roll Jude		Maga
EMPLOYEE NUMBER 605	DATE HR CHANGED	TOBER
000		240
		110
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		
☐ JOB TITLE		
□ GRADE		
■ ANNUAL RATE	38617.05	40741.00
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH.	ANGE(S):	
□ HIRED	☐ PROBATION	NARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
□ PROMOTION		ATION OF EXISTING JOB
□ DEMOTION	□ RESIGNATI	
☐ TRANSFER FROM	CRETIREMEN	1
☐ MERIT INCREASE		LIGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FR		UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		
		- 1
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	FNT HEAD	DATE
F-1 9/		1
Steph des		1/30/2017
APPROVED BY THE TOWN MAN	NAGER	DATE
Mayre Sinh	erleu/Ch	06-15-17
Cary, Car		00.13.11
H. R. DEPT ACKNOWLEDGEME	NY OF RECEIPT	DATE
		1/20/10
Thu L.	Shello	6/20/11
EMPLOYEE ACKNOWLED	GEMENT	
I have received a copy of the T	own of Wytheville Pay C	hange Form and understand that
my hourly/yearly salary is as in		
ing noung, yearly saidly is as in	and	_
S. Karald Ra	/ ./a	Date 6 -15-17
Signature Jona 4 ha	y your	Date v / V / /

TO: PAYROLL DEPARTME	ENT	SModer
PLEASE ENTER THE FOLLOWIN	NG CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EF		le 1/2021
EMPLOYEE NAME TONY	R. KEEN	
EMPLOYEE NUMBER 556	DATE HR CHANGED	Will reflect on 6/11/21
550		Will reflect on Tillal
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		
■ JOB TITLE	CHIEF OPERATOR I	WASTEWATER TREATMENT SUPERINTENDENT
■ GRADE	12	13
■ ANNUAL RATE	\$52,786.58	\$58,000.00
☐ HOURLY RATE	<u> </u>	
CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT) ☐ SHIFT TIME		
□ SHIFT TIME		
THE DEACON FOR THE CI	IANCE(S).	
THE REASON FOR THE CH		
☐ HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		F SERVICE INCREASE
■ PROMOTION	□ RE-EVALUA	ATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATI	ON
☐ TRANSFER FROM	□ RETIREMEN	TV
☐ MERIT INCREASE	SALARY AI	LIGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPI		
☐ LEAVE OF ABSENCE FF		UNTIL
LEAVE OF ABSENCE IT	ROM(DATE)	(DATE)
☐ OTHER (Explain)	(=::=)	(= ===,
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	MENT HEAD	DATE
W/ M		6/2/2001
1. 0m /kg		6/3/2021 DATE 6/3/2021
APPROVED BY HUMAN RESOL	JRCES MANAGER	DATE
Show I	William .	(0/2/2021
APPROVED BY TOWN MANAGE	10 per ces	n A of the
APPROVED BY TOWN MANAG	iek	DATE
B_F_		6/3/2031
EMPLOYEE ACKNOWLED	DGEMENT	
I have received a copy of the	Town of Wytheville Pay C	hange Form and understand that
my hourly/yearly salary is as	indicated above.	
Signature Jowe Kon	2	Date 6-4-21



PLEASE ENTER THE FOLLOWI	ENT	
		EFFECTIVE DATE 01/13/2020
TO YOUR RECORDS TAKING E	FFECT ON:	01/13/2020
EMPLOYEE NAME TONY	R. KEEN	
EMPLOYEE NUMBER 556	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
■ DEPARTMENT NUMBER	46700	46200
■ JOB TITLE	PRETREATMENT ADM/DIR CCTV & BT MT.	CHIEF OPERATOR
□ GRADE		
☐ ANNUAL RATE		
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		
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	TANGE (G)	
THE REASON FOR THE C		
│ □ HIRED		RY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF S	ERVICE INCREASE
☐ PROMOTION	□ RE-EVALUAT	ION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION	1
TRANSFER FROM PRE-TF	EATMENT RETIREMENT	
☐ MERIT INCREASE		ONMENT ADJUSTMENT
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I T FEWAR OF WRONGELL		
	(DATE)	
	(DATE)	(DATE)
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OTHER (Explain)AUTHORIZATION:	(DATE)	(DATE)
□ OTHER (Explain)	(DATE)	(DATE)
OTHER (Explain)AUTHORIZATION:	(DATE)	(DATE)
AUTHORIZATION: RECOMMENDED BY DEPART 3. Seem 18	MENT HEAD	DATE 1/14/2020
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M.	MENT HEAD ANAGER	DATE 1/14/2020 DATE
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M.	MENT HEAD ANAGER	DATE 1/14/2020 DATE
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M.	MENT HEAD ANAGER	DATE 1/14/2020 DATE
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M.	MENT HEAD ANAGER	DATE 1/14/2020 DATE
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M.	MENT HEAD ANAGER	DATE 1/14/2020
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M.	MENT HEAD ANAGER JENTOF RECEIPT	DATE 1/14/2020 DATE
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M. H. R. DEPTACKNOWLEDGEN EMPLOYEE ACKNOWLE	MENT HEAD ANAGER JENTOF RECEIPT DGEMENT	DATE //14/2020 DATE 01-14-20 DATE 01 14 2020
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M. H. R. DEPT ACKNOWLEDGEN EMPLOYEE ACKNOWLE I have received a copy of the	MENT HEAD ANAGER JENTOF RECEIPT DGEMENT Town of Wytheville Pay Cha	DATE 1/14/2020 DATE
AUTHORIZATION: RECOMMENDED BY DEPART APPROVED BY THE TOWN M. H. R. DEPTACKNOWLEDGEN EMPLOYEE ACKNOWLE	MENT HEAD ANAGER JENTOF RECEIPT DGEMENT Town of Wytheville Pay Cha	DATE //14/2020 DATE 01-14-20 DATE 01 14 2020
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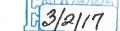
PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: EMPLOYEE NAME DEANA R. KELLEY EMPLOYEE NUMBER 997 DATE HR CHANGED Will reflect on 3/le/20 20 THE CHANGE(S): VAII Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE GRADE 11 12 ANNUAL RATE S48,154.01 S57,000.00 HOURLY RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME THE REASON FOR THE CHANGE(S): HIRED PROBATIONARY PERIOD COMPLETED RE-HIRED LENGTH OF SERVICE INCREASE
EMPLOYEE NAME DEANA R. KELLEY EMPLOYEE NUMBER 997 DATE HR CHANGED Pay object THE CHANGE(S): All Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE GRADE ANNUAL RATE ANNUAL RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME DIAMAGE SINCE SERVICE INCREASE
EMPLOYEE NUMBER 997 DATE HR CHANGED Nill reflect on 3/le/20 20 Paycheck All Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE GRADE 11 12 ANNUAL RATE ANNUAL RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME THE REASON FOR THE CHANGE(S): HIRED PROBATIONARY PERIOD COMPLETED RE-HIRED LENGTH OF SERVICE INCREASE
EMPLOYEE NUMBER 997 DATE HR CHANGED Nill reflect on 3/le/20 20 Paycheck All Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE GRADE 11 12 ANNUAL RATE ANNUAL RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME THE REASON FOR THE CHANGE(S): HIRED PROBATIONARY PERIOD COMPLETED RE-HIRED LENGTH OF SERVICE INCREASE
THE CHANGE(S): All Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE GRADE 11 12 ANNUAL RATE \$48,154.01 \$57,000.00 HOURLY RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME THE REASON FOR THE CHANGE(S): HIRED PROBATIONARY PERIOD COMPLETED RE-HIRED LENGTH OF SERVICE INCREASE
✓ All Applicable Boxes FROM TO □ DEPARTMENT NUMBER □ □ □ JOB TITLE □ □ □ GRADE 11 12 ■ ANNUAL RATE \$48,154.01 \$57,000.00 □ HOURLY RATE □ □ □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
✓ All Applicable Boxes FROM TO □ DEPARTMENT NUMBER □ □ □ JOB TITLE □ □ □ GRADE 11 12 ■ ANNUAL RATE \$48,154.01 \$57,000.00 □ HOURLY RATE □ □ □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
✓ All Applicable Boxes FROM TO □ DEPARTMENT NUMBER □ □ JOB TITLE □ ■ GRADE 11 12 ■ ANNUAL RATE \$48,154.01 \$57,000.00 □ HOURLY RATE □ □ □ CLASS (Exempt, Non-Exempt) □ □ □ STATUS (FT, PT) □ □ □ SHIFT TIME □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
□ JOB TITLE □ GRADE □ ANNUAL RATE □ ANNUAL RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
■ GRADE 11 12 ■ ANNUAL RATE \$48,154.01 \$57,000.00 □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
■ ANNUAL RATE \$48,154.01 \$57,000.00 □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
□ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
□ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
□ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE
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1 One 2. Shotton 2/2/1/2020
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I have received a copy of the Town of Wytheville Pay Change Form and understand that
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DEANA KELLEY

Justification for Grade Level and Salary Adjustment

Deana Kelley has been in the role of Assistant Director of Public Information/Tourism for five years. During that time, her responsibilities have greatly increased beyond what was originally listed in her job description. Deana now oversees the day-to-day overall operations of the Meeting Center and the Visitors Center in regard to working with the main supervisor of each entity to insure that staff issues and needs are handled as well as the hiring and/or discipline of staff at each location and assuring that excellent customer service is maintained. Other additional roles that Deana now routinely handles include: monitoring the efficiency of resources at both locations, learning the software and updating the VisitWytheville.com website, maintaining our photography database including drone footage, and others.

Deana's dependability and good judgment in taking care of these tasks has enabled the Director to be able to spend more time working on the marketing and public relations aspects of the department. These are aspects that were only getting minimal time during the early years of the operation of the Meeting Center. The Director has learned first hand over the past couple of years how much that Deana can be relied upon. The overall operation of this department has greatly improved since there has been someone to fill the role of Assistant Director who had true leadership skills.



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Proposed change to pay grade and salary – February 2017

Deana Kelley – Assistant Director of Public Information/Tourism

Deana assumed this position in May 2015. After the first year of her getting acclimated to the basic duties, I began to add responsibilities, relative to where I saw she had strengths. I will list a couple these in bullet form below. Most of these aspects of duties were ones that I would have liked to add to the responsibilities of the Assistant Director in the past, but were not appropriate for the previous person's skillset.

- Day-to-day supervisory role at the Meeting Center including the handling staff situations, client issues, general operations decisions. Deana has great strengths in leadership, especially those aspects that involve employee disputes with each other and the calm mature handling of customer service issues.
- Training and development of staff. At both locations, I have asked Deana to look for and implement ways for added training for staff in issues that have to do with customer service, safety, and other job-related education needs. For example, the Meeting Center staff recently completed crowd control training certifications at the suggestion of the Director of Public Safety. Deana implemented this process with staff, will monitor re-certifications, as needed, and look for other such learning opportunities.
- Assists with development of outdoor recreation marketing initiatives and some
 assistance attending tradeshows, helping to host travel writers and media. Deana
 has a strong background in outdoor recreation. I am beginning to more fully
 utilize this knowledge by having her research and make suggestions to our
 outdoor recreation marketing plan.
- In the near future, I plan to begin educating Deana on more aspects of our tourism marketing program, including having her appointment to some of the regional initiatives that our CVB serves on. I also intend to strengthen her grant writing skills. This is part of the plan to gradually train her to be qualified to assume the role of director in the future.

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TO: PAYROLL DEPARTME	ENT			
PLEASE ENTER THE FOLLOWIN	EFFECTIVE DATE			
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EMPLOYEE NAME Tanner	Kincer			
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■ DEPARTMENT NUMBER	71400	41400		
■ JOB TITLE	Laborer I	Signilization/Maintenance Tech III		
■ GRADE	04	05		
■ ANNUAL RATE	\$27,040	\$29,120		
■ HOURLY RATE	\$13.00	\$12.90		
CLASS (Exempt, Non-Exempt)	0			
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✓ All Applicable Boxes □ DEPARTMENT NUMBER	FROM	ТО
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ANNUAL RATE	\$24,398	\$27,040
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ignature Army Vome		Date 8/4/2021
signature Manuel Manuel		Date 7/4/ W CI

TOWN OF WYTHEVILLE SIX MONTH PROMOTION PROBATION EMPLOYEE EVALUATION

EMPLOYEE NAME: Tanner Kincer
HIRE DATE: 9/14/2020 JOB TITLE: Laborer I
PAY RATE: SEE SHERI OR KRISTI FOR RATE
SUPERVISOR: Jufor Luthell
DO YOU RECOMMEND THE EMPLOYEE CONTINUE IN EMPLOYMENT? YES NO
PLEASE STATE YOUR REASONS FOR WHATEVER ACTION YOU RECOMMEND. USE THE GUIDELINES BELOW TO HELP YOU MAKE YOUR DECISION. Junner has been a great
addition to the crew. He works hard every day and shows great relationship
with others. He is the main one I go to for digging grave, He has shown
Rex how to run excavator as well. Always at work and on time. Would
like to see him get CDL and maybe be listed as operator
SUPERVISOR'S SIGNATURE: Jasm Solds
DATE: 8/2/21
This form <u>must</u> be routed and signed by the personnel below before meeting with the employee.
Date Signatures
Routing San 8-2-21 Department Head Shirt San 8/2/2021 HR Manager
EMPLOYEE ACKNOWLEDGEMENT
I have received a copy of my Six-Month Promotion Probation Employee Evaluation Form
Signature Jume Jum Date 8/4/21
EMPLOYEE EVALUATION GUIDELINES
HAS THE EMPLOYEE REQUIRED MORE TRAINING FROM YOU THAN IS NORMALLY NEEDED FOR THIS JOB?
2. HAS THE EMPLOYEE CAUGHT ON TO THIS JOB WITH VERY LITTLE TRAINING?
 IS THE EMPLOYEE PERFORMING AT, ABOVE, OR BELOW THE STANDARD? IF BELOW, WHEN DO YOU EXPECT THE EMPLOYEE TO REACH THE STANDARD?
5. IS THIS EMPLOYEE DEVELOPING SATISFACTORY WORKING RELATIONSHIPS WITH THE
OTHER EMPLOYEES WITHIN YOUR AREA AND THROUGHOUT THE COMPANY? 6. HAS THE EMPLOYEE MAINTAINED A GOOD ATTENDANCE RECORD AND EXHIBITED THE
TYPE OF ATTITUDE THAT YOU WANT IN THIS JOB? 7. HAS THE EMPLOYEE EXPRESSED ANY DISSATISFACTION?

IMPORTANT: THIS FORM NEEDS TO BE FILLED OUT AND RETURNED TO THE HUMAN RESOURCE MANAGER'S OFFICE NO MORE THAN TEN DAYS AFTER COMPLETION OF SIX-MONTH PROBATIONARY PERIOD.



TO: PAYROLL DEPARTM	ENT				
PLEASE ENTER THE FOLLOWING CHANGE(S)			EFFECTIVE DATE		
TO YOUR RECORDS TAKING E	FFECT ON:	:			
EMPLOYEE NAME Shane	e King		20		
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EMPLOYEE NUMBER 730	DATE	E HR CHANGED	Nov. 24th Check		
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✓ All Applicable Boxes	FROM	TO		
☐ DEPARTMENT NUMBER				
■ JOB TITLE	WASTEWATER TREATMENT OPERATOR	CHIEF OPERATOR		
■ GRADE	10	12		
ANNUAL RATE	\$38,485.60	\$41,500.00		
☐ HOURLY RATE				
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EMPLOYEE NUMBER 730	DATE HR CHANGED			
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☐ DEPARTMENT NUMBER	188.1100000			
☐ JOB TITLE				
□ GRADE				
☐ ANNUAL RATE	\$33,369.33	\$34,370.41		
☐ HOURLY RATE				
☐ CLASS (Exempt, Non-Exempt)				
☐ STATUS (FT, PT)				
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■ GRADE		12		13	
■ ANNUAL RATE		\$57,633.19		\$59,550.00	
☐ HOURLY RATE					
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I have received a copy of the Town of Wytheville Pay Change Form and understand that					
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Signature Mel M			Da	nte 11/13/19	
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TO: PAYROLL DEPARTMENT				
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□ JOB TITLE			10 1/2	
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☐ HOURLY RATE	\$43,930.00	\$52,500.00	21	
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I have received a copy of the Town of Wytheville Pay Change Form and understand that				
my hourly/yearly salary is as indicated above.				
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Signature fat luc Date 3-14-18				

TO: PAYROLL DEPARTM	ENT	Ma			
PLEASE ENTER THE FOLLOWI		EFFECTIVE DATE			
TO YOUR RECORDS TAKING E	10/64/2017				
EMPLOYEE NAME ROBER					
EMPLOYEE NUMBER 1126	DATE HR CHANGED	will reflect on Oct. 20th check			
THE CHANGE(S):					
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☐ DEPARTMENT NUMBER					
■ JOB TITLE	CHIEF OPERATOR IWATER TREATMENT OPER II	CHIEF OPERATOR INVATER TREATMENT OPER I			
□ GRADE					
ANNUAL RATE	\$40,675.56	\$43,930.00			
☐ HOURLY RATE					
☐ CLASS (Exempt, Non-Exempt)					
☐ STATUS (FT, PT)					
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OPERATORS & ONSITE SEWAGE SYSTEM PROFESSIONALS VA WATERWORKS OPERATOR CLASS 1 EXAM					
AUTHORIZATION:					
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(Wayne Surtherhead) 10-10-17					
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H. R. DEPENACKNOWLEDGEMENT OF RECEIPT DATE 10/9/17					
EMPLOYEE ACKNOWLEDGEMENT					
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I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.					
Signature (Let /lec Date 10-12-17					
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TO: PAYROLL DEPARTMEN PLEASE ENTER THE FOLLOWING	CHANGE(S)	EFFECTIVE DATE 05/01/17
TO YOUR RECORDS TAKING EFF	ECT ON:	00.01.11
EMPLOYEE NAME ROBER	T "ROBBIE" KRUN	IICH
EMPLOYEE NUMBER 1126	DATE HR CHANGED	will begin with 05/19/17 check
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
□ JOB TITLE		
GRADE	#00 000 00	\$20,979,00
ANNUAL RATE	\$38,329.00	\$39,878.00
HOURLY RATE		
CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT) ☐ SHIFT TIME		
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THE REASON FOR THE CHA	ANGE(S):	
HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		F SERVICE INCREASE
		ATION OF EXISTING JOB
□ PROMOTION		
□ DEMOTION □ RESIGNATION		
☐ TRANSFER FROM	RETIREME	
☐ MERIT INCREASE		LIGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE		
☐ LEAVE OF ABSENCE FRO	OM MC	UNTIL
	(DATE)	(DATE)
OTHER (Explain) Robbie was p	promoted to Chief Operator WTP or	November 1, 2016 and has successfully
completed his Six Month Probationary Per	riod and is doing a great job. He g	oes above and beyond his duties.
AUTHORIZATION:		L n . mn
RECOMMENDED BY DEPARTME	ENT HEAD	DATE
18 5 M		5/11/2017
APPROVED BY THE TOWN MAN	IAGER	DATE
CHlaure Su	therland of	5/12/2017
H. R. DEPT, ACKNOWLEDGEME		DATE
84 7 G	to	5/11/2017
C/M		
EMPLOYEE ACKNOWLED	GEMENT	
I have received a copy of the T	own of Wytheville Pay C	Change Form and understand that
my hourly/yearly salary is as in		-
Oct Da-		D. 1-1-
Signature		Date 5-15-17



TO: PAYROLL DEPARTMI	ENT				
PLEASE ENTER THE FOLLOWI	EFFECTIVE DATE 11/01/16				
TO YOUR RECORDS TAKING E	1 1/0 1/ 10				
EMPLOYEE NAME ROBBY KRUNICH					
EMPLOYEE NUMBER 1126	DATE HR CHANGED	will reflect on 11/4/16 check			
THE CHANGE(S):					
✓ All Applicable Boxes	FROM	TO			
☐ DEPARTMENT NUMBER	20.20				
■ JOB TITLE	WATER TREATMENT OPERATOR II	CHIEF OPERATOR			
■ GRADE	10	12			
ANNUAL RATE	\$32,640.00	\$38,329.00			
☐ HOURLY RATE					
☐ CLASS (Exempt, Non-Exempt)					
□ STATUS (FT, PT)		57			
☐ SHIFT TIME					
THE REASON FOR THE CI	HANGE(S):				
□ HIRED		ARY PERIOD COMPLETED			
□ RE-HIRED		SERVICE INCREASE			
		TION OF EXISTING JOB			
■ PROMOTION					
☐ DEMOTION	☐ RESIGNATIO				
☐ TRANSFER FROM ☐ RETIREMENT					
☐ MERIT INCREASE	☐ SALARY ALI	GNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMP	LETED □ DISCHARGE				
☐ LEAVE OF ABSENCE FROM UNTIL					
(DATE) (DATE)					
□ OTHER (Explain)					
AUTHORIZATION:					
RECOMMENDED BY DEPARTM	MENIT HE AD	DATE			
B. Burn Con	Mr.	10/26/16			
APPROVED BY THE TOWN MA	ANAGER	DATE			
Mayor Sucherland g 10-31-16					
H. R. DEPT, ACKNOWLEDGEMENT OF RECEIPT DATE					
Shui L. Shettor 10/31/16					
EMPLOYEE ACKNOWLE	DGEMENT	,			
I have received a copy of the Town of Wytheville Pay Change Form and understand that					
my hourly/yearly salary is as indicated above.					
110		11 2 11			
Signature (M)	<u> </u>	Date			

TO: PAYROLL DEPARTME				
PLEASE ENTER THE FOLLOWING CHANGE(S)		April 2, 2021 Check		
TO YOUR RECORDS TAKING EFFECT ON:		April 2, 2021 CUCK		
EMPLOYEE NAME Lackey	, Johnathan David	d		
EMPLOYEE NUMBER 1277	DATE HR CHANGED			
12//				
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	ТО		
☐ DEPARTMENT NUMBER				
■ JOB TITLE	Police Corporal	Police Sergeant		
□ GRADE	\$53,329.25	7 \$55,702.23		
■ ANNUAL RATE	> 10	7 10		
☐ HOURLY RATE				
CLASS (Exempt, Non-Exempt)				
☐ STATUS (FT, PT) ☐ SHIFT TIME		_		
THE REASON FOR THE CH	IANGE(S):			
□ HIRED		ARY PERIOD COMPLETED		
□ RE-HIRED		SERVICE INCREASE		
■ PROMOTION		TION OF EXISTING JOB		
DEMOTION	□ RESIGNATIO			
☐ TRANSFER FROM	□ RETIREMEN'			
☐ MERIT INCREASE		GNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPI	LETED □ DISCHARGE			
☐ LEAVE OF ABSENCE FE	ROM	UNTIL		
(DATE) (DATE)				
☐ OTHER (Explain)				
AUTHORIZATION:				
RECOMMENDED BY DEPARTM	TENT HEAD	DATE		
1.0 1 1 1				
foll 2 Hall 3/3/2021				
APPROVED BY HUMAN RESOURCES MANAGER DATE 3/5/2021 APPROVED BY HUMAN RESOURCES MANAGER DATE 3/10/2021				
3/10/200				
3-10-2021				
EMPLOYEE ACKNOWLEDGEMENT				
	CTT (1 11 D CT	T		
		ange Form and understand that		
my hourly/yearly salary is as indicated above.				
// // // // // // // // // // // // //		12/12/21		
Signature / Jahn D. Jaules Date 03/12/21				



TO: PAYROLL DEPARTMENT			
		EFFECTIVE DATE	
TO YOUR RECORDS TAKING E		4/3/2020	
EMPLOYEE MANE		1/3/	
JOHNA	THAN D. LACKEY	per J. Claypool	
EMPLOYEE NUMBER 1277	DATE HR CHANGED	will reflect or 5/1/2020 check	
		Will refused of Tilagas des	
THE CHANGE(S):		V	
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER			
■ JOB TITLE	POLICE OFFICER	POLICE CORPORAL	
■ GRADE	09	10	
■ ANNUAL RATE	\$50,955.76	\$53,329.25	
☐ HOURLY RATE	•		
☐ CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CI			
☐ HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED	
☐ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE	
■ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB	
DEMOTION	☐ RESIGNATIO		
	☐ RESIGNATIO		
☐ TRANSFER FROM			
☐ MERIT INCREASE		GNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMP	LETED □ DISCHARGE		
☐ LEAVE OF ABSENCE F	ROM	UNTIL	
	(DATE)	(DATE)	
☐ OTHER (Explain)			
A LITTLE DATA ATTION I			
AUTHORIZATION:		To and	
RECOMMENDED BY DEPARTM	MENT HEAD	DATE	
frel 2. Hack &		3/24/2020	
APPROVED BY THE TOWN MANAGER		DATE	
H. R. DEDY) ACKNOWLEDGEMENT OF RECEIPT		03 -24-20 DATE	
H. K. DEDY ACKNOWLEDGE			
Their I hetter 03/34/2020			
EMPLOYEE ACKNOWLEDGEMENT			
EMPLOYEE ACKNOWLEDGEMENT			
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
// /			
Signature John J. Josker Date 03-31-2020			
/ /			

JES TE

TO: PAYROLL DEPARTMENT				
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 02/01/2018		
TO YOUR RECORDS TAKING EFF	ECT ON:	02/01/2010		
EMPLOYEE NAME JOHNATHAN D. LACKEY				
EMPLOYEE NUMBER 1277	DATE HR CHANGED	Will reflect on 2/23/18		
		The state of the s		
THE CHANGE(S):		Chai		
✓ All Applicable Boxes	FROM	TO		
☐ DEPARTMENT NUMBER				
□ JOB TITLE				
□ GRADE				
■ ANNUAL RATE	\$39,097.62	\$4,809.58 \$ 46,417.3		
☐ HOURLY RATE		tod opp ten!		
☐ CLASS (Exempt, Non-Exempt)		Amracta Ins		
☐ STATUS (FT, PT)		10000		
☐ SHIFT TIME				
		(
THE REASON FOR THE CHA	ANGE(S):	vos		
□ HIRED		ARY PERIOD COMPLETED		
□ RE-HIRED		SERVICE INCREASE		
		1		
☐ PROMOTION		TION OF EXISTING JOB		
☐ DEMOTION	☐ RESIGNATIO			
☐ TRANSFER FROM	□ RETIREMENT	Γ		
☐ MERIT INCREASE	□ SALARY ALI	GNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE				
☐ LEAVE OF ABSENCE FROMUNTIL				
(DATE) (DATE)				
THER (Explain) JOHN HAS SUCCESSFULLY COMPLETED HIS TWO YEAR WORK ANNIVERSARY.				
= Offick (Explain) common				
AUTHORIZATION:				
RECOMMENDED BY DEPARTME	ENT HEAD	DATE		
Ricks W. Renold 2/14/18				
APPROVED BY THE TOWN MANAGER /		DATE		
ATTROVED BOTTLE TOWN MANAGER / PLACE				
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT DATE				
H. K. DEPT. ACKNOWLEDGEMENT OF RECEIPT				
2/14/18				
EMPLOYEE ACKNOWLEDGEMENT				
I have received a conv of the T	own of Wytheville Pay Cha	ange Form and understand that		
I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.				
1.5	,			
Signature Jahn 0- Jayley Date 02-23-18				



TO: PAYROLL DEPARTME	ENT			
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 02/01/17		
TO YOUR RECORDS TAKING EI	FFECT ON:	02/01/17		
EMPLOYEE NAME JOHNA	THAN D. LACKEY	,		
EMPLOYEE MUMBER	DATE HR CHANGED			
EMPLOYEE NUMBER 1277				
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	ТО		
☐ DEPARTMENT NUMBER				
□ JOB TITLE				
GRADE	604 740 70	\$20 224 AA		
■ ANNUAL RATE □ HOURLY RATE	\$34,716.72	\$38,331.00		
☐ CLASS (Exempt, Non-Exempt)				
☐ STATUS (FT, PT)	-			
☐ SHIFT TIME				
La Sille I Lives				
THE REASON FOR THE CH	IANGE(S):			
□ HIRED		ARY PERIOD COMPLETED		
□ RE-HIRED		SERVICE INCREASE		
□ PROMOTION		TION OF EXISTING JOB		
DEMOTION	□ RESIGNATIO			
☐ TRANSFER FROM	□ RETIREMEN'			
☐ MERIT INCREASE		IGNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE				
LEAVE OF ABSENCE FROMUNTIL(DATE)				
THER (Evaluin) ONE YEAR	(DATE) R ANNIVERSARY SUCCESSEULLY CO			
OTHER (Explain) ONE YEAR ANNIVERSARY SUCCESSFULLY COMPLETED				
AUTHORIZATION:				
RECOMMENDED BY DEPARTM	MENT HEAD	DATE		
2 his 16 6 h a		02/01/2017		
Chief Kief W. H	inole	02/01/2017		
APPROVED BY THE TOWN MANAGER		DATE		
	////34	02-22-17 DATE 2/1/17		
II D DEDT ACKNOWLEDGEM	ENT OP BECEIPT	DATE		
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT DATE				
Shui Z Shutter 2/1/17				
EMPLOYEE ACKNOWLEDGEMENT				
I have received a conv of the	Town of Wytheville Pay Ch	ange Form and understand that		
I have received a copy of the Town of Wytheville Pay Change Form and understand that				
my hourly/yearly salary is as indicated above.				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Signature for 2: Joshy Date 03-06-2017				
	// //			

TO: PAYROLL DEPARTMENT	Γ		
PLEASE ENTER THE FOLLOWING		EFFECTI	VE DATE
TO YOUR RECORDS TAKING EFFE	CT ON:		
EMPLOYEE NAME JOHNATH	HAN D. LACKEY	Ma Ma	0.20
EMPLOYEE NUMBER 77	DATE HR CHANGED		479
18.1			
THE CHANGE(S).			
THE CHANGE(S): ✓ All Applicable Boxes	FROM		ТО
DEPARTMENT NUMBER	FROW	+	31100
JOB TITLE			POLICE OFFICER
■ GRADE			9
ANNUAL RATE		1	\$34,036.00
□ HOURLY RATE			V 1,100,100
CLASS (Exempt, Non-Exempt)			NON-EXEMPT
STATUS (FT, PT)			FT
SHIFT TIME			VARIES
B OIM I TIME			
THE REASON FOR THE CHAI	NGE(S):		
HIRED		ARY PERI	OD COMPLETED
□ RE-HIRED	☐ LENGTH OF		
	□ RE-EVALUA		
☐ PROMOTION			SVISTING 10P
□ DEMOTION □ RESIGNATION			
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE			
☐ LEAVE OF ABSENCE FRO	M	UNTIL	
	(DATE)		(DATE)
☐ OTHER (Explain)			
AUTHORIZATION: RECOMMENDED BY DEPARTMEN	IT HEAD	11/	DATE
			01/12/16
Chief Ricky W. Hunold	Colland Fin	UK	01/12/10
APPROVED BY THE TOWN MANA	GER		DATE
Magne Suit			01/12/16
	01		
H. R. DEPT ACKNOWLEDGEMEN	POPRECEIPT		DATE
		ŀ	01/12/16
1 min of	STUDIO -		
EMPLOYEE ACKNOWLEDGEMENT			
I have received a convert the To	wn of Wytheville Pay Ch	ange Form	and understand that
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as indicated above.			
11.11	0/	_	M1.16 2011
Signature fem D	cally	Date	01-152016



PLEASE ENTER THE FOLLOWING CHANGE(S) 5/1/21 EMPLOYEE NAME EVERETT LINEBERRY EMPLOYEE NUMBER 1482 DATE HR CHANGED THE CHANGE(S): All Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE DIVISION CHIEF ASSISTANT CHIEF GRADE ANNUAL RATE \$63,000 \$70,000 HOURLY RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME THE REASON FOR THE CHANGE(S): HIRED PROBATIONARY PERIOD COMPLET RE-HIRED RE-HIRED RE-HIRED RE-HIRED RE-HIRED RE-HIRED RE-EVALUATION OF EXISTING JOB DEMOTION RESIGNATION RESIGNATION RESIGNATION RETIREMENT MERIT INCREASE SALARY ALIGNMENT ADJUSTMEN TEMP. SERVICE COMPLETED CLAYS (DATE) DIVISION CHIEF ASSISTANT CHIEF BEFECTIVE DATE STATUS FRECTIVE DATE SEMPLOYEE AND RESIGNATION RESIGNATION RESIGNATION RESIGNATION RESIGNATION RETIREMENT MERIT INCREASE SALARY ALIGNMENT ADJUSTMEN DIVISION CHIEF DIVISION CHIEF SALARY ALIGNMENT ADJUSTMEN DIVISION CHIEF DIVISION CHIEF SALARY ALIGNMENT ADJUSTMEN DIVISION CHIEF SALARY ALIGNMENT DIVISION CHIEF SALARY ALIGNMENT DIVISION CHIEF SALARY ALIGNMENT DIVISION CHIEF SALARY ALIGNMEN DIVISION C				
EMPLOYEE NAME EVERETT LINEBERRY EMPLOYEE NUMBER 1482 DATE HR CHANGED Will reflect on S THE CHANGE(S): All Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE DIVISION CHIEF ASSISTANT CHIEF GRADE ANNUAL RATE S63,000 F70,000 HOURLY RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME THE REASON FOR THE CHANGE(S): HIRED PROMOTION PROBATIONARY PERIOD COMPLET RE-HIRED PROMOTION RESIGNATION RESIGNATION TRANSFER FROM RETIREMENT MERIT INCREASE SALARY ALIGNMENT ADJUSTMENT TEMP. SERVICE COMPLETED LEAVE OF ABSENCE FROM UNTIL	21			
THE CHANGE(S): ✓ All Applicable Boxes ☐ DEPARTMENT NUMBER ☐ JOB TITLE ☐ GRADE ☐ ANNUAL RATE ☐ CLASS (Exempt, Non-Exempt) ☐ STATUS (FT, PT) ☐ SHIFT TIME THE REASON FOR THE CHANGE(S): ☐ HIRED ☐ PROBATIONARY PERIOD COMPLET ☐ RE-HIRED ☐ LENGTH OF SERVICE INCREASE ☐ PROMOTION ☐ RE-EVALUATION OF EXISTING JOB ☐ DEMOTION ☐ TRANSFER FROM ☐ RETIREMENT ☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT ☐ TEMP. SERVICE COMPLETED ☐ LEAVE OF ABSENCE FROM ☐ (DATE) (DATE)				
THE CHANGE(S): V All Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE DIVISION CHIEF ASSISTANT CHIEF GRADE ANNUAL RATE \$63,000 \$70,000 HOURLY RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME THE REASON FOR THE CHANGE(S): HIRED PROBATIONARY PERIOD COMPLET RE-HIRED LENGTH OF SERVICE INCREASE PROMOTION RESIGNATION TRANSFER FROM RESIGNATION TRANSFER FROM RETIREMENT MERIT INCREASE SALARY ALIGNMENT ADJUSTMEN TEMP. SERVICE COMPLETED DISCHARGE LEAVE OF ABSENCE FROM UNTIL				
THE CHANGE(S): V All Applicable Boxes FROM TO DEPARTMENT NUMBER JOB TITLE DIVISION CHIEF ASSISTANT CHIEF GRADE ANNUAL RATE \$63,000 \$70,000 HOURLY RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME THE REASON FOR THE CHANGE(S): HIRED PROBATIONARY PERIOD COMPLET RE-HIRED LENGTH OF SERVICE INCREASE PROMOTION RESIGNATION TRANSFER FROM RESIGNATION TRANSFER FROM RETIREMENT MERIT INCREASE SALARY ALIGNMENT ADJUSTMEN TEMP. SERVICE COMPLETED DISCHARGE LEAVE OF ABSENCE FROM UNTIL	العالدان			
✓ All Applicable Boxes FROM TO □ DEPARTMENT NUMBER B JOB TITLE DIVISION CHIEF ASSISTANT CHIEF □ GRADE \$63,000 \$70,000 □ HOURLY RATE \$63,000 \$70,000 □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME □ SHIFT TIME □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE ■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)	11112.			
✓ All Applicable Boxes FROM TO □ DEPARTMENT NUMBER B JOB TITLE DIVISION CHIEF ASSISTANT CHIEF □ GRADE \$63,000 \$70,000 □ HOURLY RATE \$63,000 \$70,000 □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME □ SHIFT TIME □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE ■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE)				
□ JOB TITLE DIVISION CHIEF ASSISTANT CHIEF □ GRADE □ ANNUAL RATE \$63,000 \$70,000 □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMEN' □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE)				
□ GRADE □ ANNUAL RATE \$63,000 \$70,000 □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMEN □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE)				
■ ANNUAL RATE \$63,000 \$70,000 □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE ■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)				
□ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE ■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ TRANSFER FROM □ RESIGNATION □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMEN □ TEMP. SERVICE COMPLETED □ LEAVE OF ABSENCE FROM □ UNTIL □ (DATE) □ (DATE)				
□ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE ■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ (DATE) □ (DATE)				
□ STATUS (FT, PT) □ SHIFT TIME THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE ■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ TEMP. SERVICE COMPLETED □ LEAVE OF ABSENCE FROM □ (DATE) □ (DATE)				
THE REASON FOR THE CHANGE(S): HIRED				
□ HIRED □ PROBATIONARY PERIOD COMPLET □ RE-HIRED □ LENGTH OF SERVICE INCREASE ■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMEN □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)				
☐ HIRED ☐ PROBATIONARY PERIOD COMPLET ☐ RE-HIRED ☐ LENGTH OF SERVICE INCREASE ☐ PROMOTION ☐ RE-EVALUATION OF EXISTING JOB ☐ DEMOTION ☐ RESIGNATION ☐ TRANSFER FROM ☐ RETIREMENT ☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT ☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE ☐ LEAVE OF ABSENCE FROM				
□ RE-HIRED □ LENGTH OF SERVICE INCREASE ■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)				
■ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)	ED			
□ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)				
☐ TRANSFER FROM ☐ RETIREMENT ☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT ☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE ☐ LEAVE OF ABSENCE FROM UNTIL	}			
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT ☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE ☐ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)				
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE ☐ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)	_			
☐ LEAVE OF ABSENCE FROM UNTIL (DATE) (DATE)	T			
(DATE) (DATE)				
OTHER (Explain) ROLES & RESPONSIBILITY INCREASE	OTHER (Explain) ROLES & RESPONSIBILITY INCREASE			
ASSISTANT CHIEF PROMOTION				
AUTHORIZATION:				
RECOMMENDED BY DEPARTMENT HEAD DATE				
MARC BRADE 4/2/21				
APPROVED BY HUMAN RESOURCES MANAGER DATE				
0 001				
APPROVED BY TOWN MANAGER APPROVED BY TOWN MANAGER DATE 4-14- ZuZi				
APPROVED BY TOWN MANAGER DATE				
1 / MITMEN 4-14- ZUZI				
EMPLOYEE ACKNOWLEDGEMENT				
I have received a copy of the Town of Wytheville Pay Change Form and understand				
my hourly/yearly salary is as indicated above.	l that			
	l that			
Signature Date 439 2021	l that			



TO: PAYROLL DEPARTMENT				
PLEASE ENTER THE FOLLOWIN	G CHANGE(S)	EFFECTIVE DATE		
TO YOUR RECORDS TAKING EF	FECT ON:			
EMPLOYEE NAME Tina Lona	ardo-Henley			
EMPLOYEE MIMBER	DATE HR CHANGED			
EMPLOYEE NUMBER 1408	DATE HR CHANGED			
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	TO		
☐ DEPARTMENT NUMBER				
☐ JOB TITLE				
□ GRADE				
■ ANNUAL RATE	\$29,725.00	\$31,725.00		
☐ HOURLY RATE				
☐ CLASS (Exempt, Non-Exempt) ☐ STATUS (FT, PT)				
☐ SHIFT TIME				
LI SIM I TIME				
THE REASON FOR THE CH	IANGE(S)			
HIRED		NARY PERIOD COMPLETED		
□ RE-HIRED		F SERVICE INCREASE		
☐ PROMOTION		ATION OF EXISTING JOB		
☐ DEMOTION	□ RESIGNATI			
☐ TRANSFER FROM				
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT				
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE				
☐ LEAVE OF ABSENCE FF		UNTIL(DATE)		
■ OTHER (Explain) Additional of	(DATE)	(DATE)		
OTHER (Explain) Additional C	ratios added to position			
ALITHODIZATION.				
AUTHORIZATION:	MENT HEAD	DATE , 4		
RECOMMENDED BY DEPARTM		8/39/2019		
1 Home To Jude 8/2		8/04/2019		
ARPROVED BY THE TOWN MA		DATÉ /		
(Wayne Sutherline 1) 08-29-19				
		08-29-19 DATE 8/29/19		
H. R. DEPT ACKNOWLEDGEM	ENT OF RECEIPT	DATE		
8/29/19				
The British and the second				
EMPLOYEE ACKNOWLEDGEMENT				
		Change Form and understand that		
my hourly/yearly salary is as indicated above.				
1. 0.00	1			
Signature June R. Hom	ley	Date 9-9-19		



TO: PAYROLL DEPARTMENT				
		EFFECTIVE DATE		
TO YOUR RECORDS TAKING EFFECT ON:		5/1/2019		
EMPLOYEE NAME Tina Lonardo-Henley				
		5/3/2019 tay Check		
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	TO		
■ DEPARTMENT NUMBER	44200	44200		
■ JOB TITLE	Meeting Services Scheduler	Meeting Services Scheduler		
GRADE	inidealing doringed demonstration.			
■ ANNUAL RATE	\$27,000	\$29,000		
□ HOURLY RATE	42.,000			
☐ CLASS (Exempt, Non-Exempt)	Non-Exempt	Non-Exempt		
STATUS (FT, PT)	FT	FT		
☐ SHIFT TIME				
THE REASON FOR THE CH				
□ HIRED	■ PROBATIONA	ARY PERIOD COMPLETED		
□ RE-HIRED	☐ LENGTH OF S	SERVICE INCREASE		
□ PROMOTION		TION OF EXISTING JOB		
DEMOTION	□ RESIGNATIO			
☐ TRANSFER FROM ☐ RETIREMENT ☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT				
☐ MERIT INCREASE		GNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE				
☐ LEAVE OF ABSENCE F		UNTIL		
(DATE) (DATE) OTHER (Explain) Successfully completed six month probationary period. See attached.				
	`			
AUTHORIZATION:)			
RECOMMENDED BY DEPART	MENT HEAD	DATE		
(Dosa Tee S	4/24/2019			
APPROVED BY THE TOWN MANAGER DATE				
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT DATE 4/26/19				
Shei 2. Shetter 4/26/19				
EMPLOYEE ACKNOWLEDGEMENT				
I have received a copy of the Town of Wytheville Pay Change Form and understand that				
my hourly/yearly salary is as indicated above.				
Signature Lina L. Henley Date 4-29-19				

TOWN OF WYTHEVILLE SIX MONTH PROBATION EMPLOYEE EVALUATION

EMPLOYEE NAME: TINA LONARDO-HENLEY
HIRE DATE: 10/25/2018 JOB TITLE: MEETING SERVICES SCHEDULER
PAY RATE: Contact Sheri or Angela for rate if needed
SUPERVISOR: DEANA KELLEY
DO YOU RECOMMEND THE EMPLOYEE CONTINUE IN EMPLOYMENT? YES NO
PLEASE STATE YOUR REASONS FOR WHATEVER ACTION YOU RECOMMEND. USE THE GUIDELINES BELOW TO HELP YOU MAKE YOUR DECISION. Jina greickly caught
on to the job requirements and consistently performs above the standard
Her willingness to laru new tasks makes her a raduable asset to our
overall department. Her friendly personelity positively adds morale
and a teau like environment. The is reliable, and her attendance
SUPERVISOR'S SIGNATURE: Deana R Kelley
DATE: 4/24/2019
This form must be routed and signed by the personnel below before meeting with the employee.
Routing 4/21/2019 Sec. Signatures Proposition Department Head HR Manager
Routing 4/81/2019 Och Pre Jude Department Head
Routing 4/21/2019 Department Head HR Manager EMPLOYEE ACKNOWLEDGEMENT I have received a copy of my Six-Month Probation Evaluation Form
Routing 4/21/2019 Shell Light Department Head HR Manager EMPLOYEE ACKNOWLEDGEMENT I have received a copy of my Six-Month Probation Evaluation Form Signature Hunley Date 4-29-19
Routing 4/21/2019 Preside Department Head HR Manager EMPLOYEE ACKNOWLEDGEMENT I have received a copy of my Six-Month Probation Evaluation Form Signature Date 4-29-19 EMPLOYEE EVALUATION GUIDELINES
Routing 4/21/2019 Recorded But Shall Beat HR Manager EMPLOYEE ACKNOWLEDGEMENT I have received a copy of my Six-Month Probation Evaluation Form Signature Date 4-29-19 EMPLOYEE EVALUATION GUIDELINES 1. HAS THE EMPLOYEE REQUIRED MORE TRAINING FROM YOU THAN IS NORMALLY NEEDED FOR THIS JOB?
EMPLOYEE ACKNOWLEDGEMENT I have received a copy of my Six-Month Probation Evaluation Form Signature Date 4-29-19 EMPLOYEE EVALUATION GUIDELINES 1. HAS THE EMPLOYEE REQUIRED MORE TRAINING FROM YOU THAN IS NORMALLY NEEDED FOR THIS JOB? 2. HAS THE EMPLOYEE CAUGHT ON TO THIS JOB WITH VERY LITTLE TRAINING?
EMPLOYEE ACKNOWLEDGEMENT I have received a copy of my Six-Month Probation Evaluation Form Signature Date 4-29-19 EMPLOYEE EVALUATION GUIDELINES 1. HAS THE EMPLOYEE REQUIRED MORE TRAINING FROM YOU THAN IS NORMALLY NEEDED FOR THIS JOB? 2. HAS THE EMPLOYEE CAUGHT ON TO THIS JOB WITH VERY LITTLE TRAINING? 3. IS THE EMPLOYEE PERFORMING AT, ABOVE, OR BELOW THE STANDARD? 4. IF BELOW, WHEN DO YOU EXPECT THE EMPLOYEE TO REACH THE STANDARD?
Routing # Department Head HR Manager EMPLOYEE ACKNOWLEDGEMENT I have received a copy of my Six-Month Probation Evaluation Form Signature Date 4-29-19 EMPLOYEE EVALUATION GUIDELINES 1. HAS THE EMPLOYEE REQUIRED MORE TRAINING FROM YOU THAN IS NORMALLY NEEDED FOR THIS JOB? 2. HAS THE EMPLOYEE CAUGHT ON TO THIS JOB WITH VERY LITTLE TRAINING? 3. IS THE EMPLOYEE PERFORMING AT, ABOVE, OR BELOW THE STANDARD?

IMPORTANT: THIS FORM NEEDS TO BE FILLED OUT AND RETURNED TO THE HUMAN RESOURCE MANAGER'S OFFICE NO MORE THAN TEN DAYS AFTER COMPLETION OF SIX MONTH PROBATIONARY PERIOD.

HAS THE EMPLOYEE EXPRESSED ANY DISSATISFACTION?

7.



TO: PAYROLL DEPARTME	NT	
PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE 9/4/2021
TO YOUR RECORDS TAKING EF	FECT ON:	
EMPLOYEE NAME Jason L	uttrell	
EMPLOYEE NUMBER 546	DATE HR CHANGED	Will reflect on 10/1/21
THE CHANCE(S).		
THE CHANGE(S): ✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER	1 KOW	10
□ JOB TITLE		
□ GRADE		
■ ANNUAL RATE	\$45,652.00	\$50,000
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
□ HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		F SERVICE INCREASE
□ PROMOTION		ATION OF EXISTING JOB
☐ DEMOTION	□ RE-EVALO	
☐ TRANSFER FROM	□ RESIGNATI	
		LIGNMENT ADJUSTMENT
☐ MERIT INCREASE		1
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FR	OM	UNTIL(DATE)
☐ OTHER (Explain)	(DATE)	(DATE)
_ 011121 (2.1.p.m.n)		
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT READ	DATE
1 Like		9-15-2021
APPROVED BY HUMAN RESOURCES MANAGER DATE		
AFFROVED BY HOMAN RESOLD	NOOS MANAGER	al. ala
< >5/hi & >	heller	1 7/15/2021
APPROVED BY TOWN MANAGER DATE		
18-F- 7/15/202		
EMPLOYEE ACKNOWLED	GEMENT	
There	Form of West and 11 a Dans C	Thomas Form and understand that
		Change Form and understand that
my hourly/yearly salary is as i	ndicated above.	İ
Simulation of the same of the	}}}	Data 9/12/21
Signature Jun Th	UVD"	Date <i>9/17/21</i>



PLEASE ENTER THE FOLLOWIN	TO: PAYROLL DEPARTMENT PLEASE ENTER THE FOLLOWING CHANGE(S)		
TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE	
EMPLOYEE NAME JASON	LUTTRELL		
EMPLOYEE NUMBER 546	DATE HR CHANGED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
346		Will reflect on " In Chec	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER			
JOB TITLE	CREW LEADER - CEMETARY	SUPERVISOR - CEMETARY	
■ GRADE	7	12	
ANNUAL RATE	\$35,496.00	\$40,675.00	
☐ HOURLY RATE	\$17.07		
CLASS (Exempt, Non-Exempt)	HOURLY	SALARY - NON-EXEMPT	
□ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CH	· · · · · · · · · · · · · · · · · · ·		
□ HIRED		NARY PERIOD COMPLETED	
□ RE-HIRED		OF SERVICE INCREASE	
■ PROMOTION	□ RE-EVALU	JATION OF EXISTING JOB	
☐ DEMOTION	☐ RESIGNAT	TION	
☐ TRANSFER FROM		ENT	
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMP			
☐ LEAVE OF ABSENCE FROMUNTIL(DATE) (DATE)			
☐ OTHER (Explain)			
LI OTTER (Explain)			

AUTHORIZATION:			
RECOMMENDED BY DEPARTM		DATE	
Jenny Stay a		11-0-17	
APPROVED BY THE TOWN MANAGER		DATE	
Mayore Sutherhal gs		11-01-17	
H. R. DEPT ACKNOWLEDGEMENT OF RECEIPT DATE			
11/1/17			
July.	The state of the s	1 1/1/	
EMPLOYEE ACKNOWLE	OGEMENT		
I have received a copy of the	Town of Wytheville Pav	Change Form and understand that	
my hourly/yearly, salary is as	•	<u> </u>	
	14-	•	
11 7	74//	Date ///13/17	

TO: PAYROLL DEPARTME	NT	THE REAL TO		
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE		
TO YOUR RECORDS TAKING EFFECT ON:		الال المحرف المال		
EMPLOYEE NAME JASON	LUTTRELL			
EMBLOVEE NUMBER	DATE HR CHANGED	Idill Adlact ex		
546	<i>5.112 111. 011. 1. 0. 0. 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.</i>	Will reflect ex 3/10/2017		
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	TO		
☐ DEPARTMENT NUMBER				
□ JOB TITLE				
GRADE		***************************************		
■ ANNUAL RATE	\$32,764.23	\$34,800.00		
■ HOURLY RATE	\$15.75	\$16.73		
☐ CLASS (Exempt, Non-Exempt)				
STATUS (FT, PT)	- A			
☐ SHIFT TIME				
THE REASON FOR THE CH	ANGE(S):			
□ HIRED	☐ PROBATION	ARY PERIOD COMPLETED		
□ RE-HIRED		SERVICE INCREASE		
□ PROMOTION		TION OF EXISTING JOB		
	□ RESIGNATIO	1		
☐ DEMOTION				
☐ TRANSFER FROM ☐ RETIREMEN				
☐ MERIT INCREASE		IGNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPLE	ETED \square DISCHARGE			
☐ LEAVE OF ABSENCE FROM		UNTIL		
(DATE) (DATE)				
☐ OTHER (Explain)				
AUTHORIZATION:				
RECOMMENDED BY DEPARTM		DATE		
Tonny Seagle 2/16/				
APPROVED BY THE TOWN MANAGER DATE				
(Wayne Stutenberry 02-16-17				
H. R. DEPT ACKNOWLEDGEMENT OF RECEIPT DATE,				
H. R. DEPERGENOWLEDGEMENT OF RECEIPT DATE 2/16/17				
EMPLOYEE ACKNOWLEDGEMENT				
I have received a copy of the Town of Wytheville Pay Change Form and understand that				
my hourly/yearly salary is as indicated above.				
Signature Juan Fulfill Date 2/16/17				
Signature June Fulling Date 2/16/17				



TO: PAYROLL DEPARTM	ENT				
PLEASE ENTER THE FOLLOWING CHANGE(S) EFF			EFFEC	TIVE DATE	
			12/	2/2021	
EMPLOYEE NAME	alau.				
David Mar					
EMPLOYEE NUMBER 1184	DATE	HR CHANGED	10	122/21 C	nele
1104			10	aajai Ci	449
THE CHANCE(S).			•	·	
THE CHANGE(S): ✓ All Applicable Boxes	Γ	FROM		то	
☐ DEPARTMENT NUMBER		rkow		TO	
☐ JOB TITLE			+		
□ GRADE					
☑ ANNUAL RATE	\$92,000		\$100,0	00	
☐ HOURLY RATE	Ψ02,000		Ψ100,0		
☐ CLASS (Exempt, Non-Exempt)					
☐ STATUS (FT, PT)					
☐ SHIFT TIME					
THE REASON FOR THE CI	HANGE(S):			
□ HIRED		☐ PROBATIONA	ARY PER	RIOD COMPLE	TED
□ RE-HIRED		☐ LENGTH OF S			1100
☐ PROMOTION		☐ RE-EVALUA?			D D
☐ DEMOTION		☐ RESIGNATIO		EXISTING JO	' ^D
□ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT					
☑ MERIT INCREASE			GNMEN	TADJUSTME	NT
☐ TEMP. SERVICE COMPI		☐ DISCHARGE			
☐ LEAVE OF ABSENCE FI	ROM		_ UNTII		
		(DATE)		(DATE)	
☐ OTHER (Explain)					
AUTHORIZATION:					
RECOMMENDED BY DEPARTN	MENT HEAD)		DATE	
David A Kause				40/0/0004	
David A Kause (Dec 3, 2021 10:04 EST)		Joint IDA Chairm	an	12/3/2021	
APPROVED BY HUMAN RESOL	JRCES MAN	NAGER		DATE	
60: 8	VK all			12/2/2	121
APPROVED BY TOWN MANAGE		96		12/3/20 DATE	001
APPROVED BY TOWN MANAG	IEK			DATE	
BATI				12-3-	2021
EMPLOYEE ACKNOWLED	CEMENI	r			
EMIT LOTEE ACKNOWLEE	OCHICIAI				
I have received a compact to	Town of W	/uthouille Day Cha	nga Earr	a and understan	d that
I have received a copy of the			inge rom	ii aliu ullucistali	u mat
my hourly/yearly salary is as	indicated a	ibove.			
	MA		_		,
Signature / M			Da	te 12/3/202	1

TO: PAYROLL DEPARTME	NT				
PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE 7/1/2021			
TO YOUR RECORDS TAKING EF	7/1/2021				
EMPLOYEE NAME David Ma	nlev				
EVAN OVER MINDER	DATE UD CHANCED	ENA IL CHINICIO			
EMPLOYEE NUMBER 1184	DATE HR CHANGED				
THE CHANGE(S):					
✓ All Applicable Boxes	FROM	TO			
☐ DEPARTMENT NUMBER	2				
□ JOB TITLE					
□ GRADE					
■ ANNUAL RATE	85304	92000			
☐ HOURLY RATE					
☐ CLASS (Exempt, Non-Exempt)					
☐ STATUS (FT, PT)					
☐ SHIFT TIME					
	13100(0)				
THE REASON FOR THE CH					
□ HIRED		ARY PERIOD COMPLETED			
☐ RE-HIRED	\square LENGTH OF S	SERVICE INCREASE			
☐ PROMOTION	□ RE-EVALUAT	TION OF EXISTING JOB			
☐ DEMOTION	☐ RESIGNATIO	N			
☐ TRANSFER FROM	☐ RETIREMENT				
■ MERIT INCREASE	□ SALARY ALI	GNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPL	ETED □ DISCHARGE				
☐ LEAVE OF ABSENCE FROM UNTIL					
	(DATE)	(DATE)			
□ OTHER (Explain)					
AUTHORIZATION:					
RECOMMENDED BY DEPARTM	ENT HEAD	DATE			
David A Kause		June 25, 2021			
David A Kause (Jun 24, 2021 21:33 EDT)					
APPROVED BY HUMAN RESOURCES MANAGER DATE					
- Chair IS	L. \$ 100	16/25/2021			
APPROVED BY TOWN MANAGE	GP GP	DATE			
APPROVED BY TOWN MANAGER DATE G/29/2021					
B_+-		6/29/2021			
EMPLOYEE ACKNOWLED	GEMENT				
I have received a convention	Courn of Warthouille Day Che	nga Form and understand that			
I have received a copy of the		mge roim and understand mat			
my hourly/yearly salary is as i	indicated above.				
G:	VINX	Doto lune 25, 2224			
Signature		Date_June 25, 2021			



TO: PAYROLL DEPARTMEN	NT			
TO: PAYROLL DEPARTMENT PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING EFF	G CHANGE(S) A 12 12 02 1	EFFECTIVE DATE		
		5/1/2021		
EMPLOYEE NAME ANTHO	NVMADSHALL			
ANTIO				
EMPLOYEE NUMBER 1495	DATE HR CHANGED	Will reflect on 5/14/2		
1733		WILL reflect on 114/2		
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	ТО		
DEPARTMENT NUMBER				
□ JOB TITLE		<u> </u>		
GRADE				
ANNUAL RATE	\$35,205	\$37,205		
☐ HOURLY RATE	500 MA			
CLASS (Exempt, Non-Exempt)				
STATUS (FT, PT)	0.00			
□ SHIFT TIME				
THE REASON FOR THE CHA	ANGE(S):			
☐ HIRED	☐ PROBATIONA	RY PERIOD COMPLETED		
□ RE-HIRED				
□ PROMOTION		TION OF EXISTING JOB		
□ DEMOTION	☐ RESIGNATION			
\square TRANSFER FROM	RETIREMENT			
☐ MERIT INCREASE		GNMENT ADJUSTMENT		
🗆 TEMP. SERVICE COMPLI	ETED			
\square LEAVE OF ABSENCE FRO	OM	UNTIL		
	(DATE)	(DATE)		
OTHER (Explain) COMPLETE	ED DPO & AERIAL INTERNSHIP	S		
A LITTIODITA TIONI.				
AUTHORIZATION:		D A TOP		
RECOMMENDED BY DEPARTME	ENTHEAD A.C.	DATE		
MARC BRADE		4/2/21		
APPROVED BY HUMAN RESOU	OCES MANAGER	DATE		
APPROVED BY HOMAN RESOUR	CES MANAGER			
こうかがる	6,410	4/6/2021		
APPROVED BY TOWN MANAGE	P	DATE		
AFFROVED BLIFFWIN MANAGE				
// Mut Num	_	4-14-2021		
	-			
PARTOWER ACKNOWN FR	CEMENT			
EMPLOYEE ACKNOWLED	JEMEN I			
I have received a copy of the T	Town of Wytheville Pay Cha	inge Form and understand that		
my hourly/yearly salary is as in	ndicated above.			
Λ		/		
Signature (XXVI)		Date $4/30/21$		
ngnaturo (poul)** **VUV	\	Dato 11 1 1		



PLEASE ENTER THE FOLLOWIN	IG CHANGE(S)	EFFECTIVE DATE 02/09/2021		
TO YOUR RECORDS TAKING EN				
JAIVIE	S A. MARSHAL	L, JK.		
EMPLOYEE NUMBER 1200	DATE HR CHANGED	will reflect on March 5, 2021 check		
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	TO		
DEPARTMENT NUMBER	43700	41400		
JOB TITLE	SUPERVISOR - BUILDING MAINTENANCE	SUPERVISOR - BUILDING MAINT/TRAFFIC SIGNALS		
□ GRADE	7 10 10 10			
■ ANNUAL RATE	\$44,205.69	\$54,205.69		
☐ HOURLY RATE	· · · · · · · · · · · · · · · · · · ·			
☐ CLASS (Exempt, Non-Exempt)				
□ STATUS (FT, PT)				
□ SHIFT TIME				
		*		
THE REASON FOR THE CH	IANGE(S):			
□ HIRED	☐ PROBATION	IARY PERIOD COMPLETED		
□ RE-HIRED		SERVICE INCREASE		
☐ PROMOTION		ATION OF EXISTING JOB		
		,		
□ DEMOTION	□ RESIGNATIO			
■ TRANSFER FROM 43700				
☐ MERIT INCREASE		JIGNMENT ADJUSTMENT		
│ 🏻 TEMP. SERVICE COMPI	LETED \square DISCHARGE	E -		
\square LEAVE OF ABSENCE FI	ROM	UNTIL		
(DATE) (DATE)				
THER (Explain)Supervisor-Traffic Signal Job was posted internally, James was only applicant				
Restructure of Dept Combining Supervisor Building & Maint. w/Supervisor -Traffic Signals				
AUTHORIZATION:		T D A SEC		
RECOMMENDED BY DEPARTM	IENT HEAD	DATE		
) (2-9-2021		
APPROVED BY HUMAN RESOL	IDOES MANIA CED	D 4 MD		
APPROVEE BY HUMAN RESULT	ROES MANAGER	DATE		
Shui To Sh	atton	2/9/2021		
APPROVED BY TOWN MANAG	FR SFR	DATE		
Mag Mon_ 2-10-2021				
EMPLOYEE ACKNOWLE	OGEMENT			
I have received a conv of the	Town of Wytheville Pay Cl	hange Form and understand that		
my hourly/yearly salary is as		manbo i viim and andviound and		
Signature	llA	Date 02/11/21		
		1 [

41119					
TO: PAYROLL DEPARTMENT					
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 4/1/19			
TO YOUR RECORDS TAKING EFFECT ON:		47.1713			
EMPLOYEE NAME James A	Marshall				
EMPLOYEE NUMBER /200) DATE HR CHANGED	Will wheat on 4/5/1			
1000		The second second			
THE CHANGE(S):		v CN			
✓ All Applicable Boxes	FROM	TO			
☐ DEPARTMENT NUMBER	110111				
□ JOB TITLE					
□ GRADE					
ANNUAL RATE	41,871.36	43,127.50			
☐ HOURLY RATE	· · · · · · · · · · · · · · · · · · ·				
☐ CLASS (Exempt, Non-Exempt)					
☐ STATUS (FT, PT)					
□ SHIFT TIME					
THE REASON FOR THE CH	IANGE(S):				
□ HIRED		IARY PERIOD COMPLETED			
□ RE-HIRED		SERVICE INCREASE			
☐ PROMOTION		ATION OF EXISTING JOB			
		!			
DEMOTION	□ RESIGNATIO				
\square TRANSFER FROM	DRETIREMEN				
■ MERIT INCREASE	□ SALARY AL	JGNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPI	LETED 🗆 DISCHARGE	3			
☐ LEAVE OF ABSENCE FF	ROM	UNTIL			
(DATE) (DATE)					
▼OTHER (Explain) See	actionments				
AUTHORIZATION:					
RECOMMENDED BY DEPARTA	MENT HEAD	DATE			
John Bishop		3/28/19			
APPROVED BY THE TOWN MA	NAGER	DATE			
Wayne Sutherland //		9 03 22 11			
H. R. DEPT. ACKNOWLEDGEM	ENT OF RECEIPT	DATE			
Sheri Shelton	Thui K Shall	DATE 3/28/19			
	The time of				
EMPLOYEE ACKNOWLEI	GEMENT				
LIVII EO I EE ACKITO WEEL	ODMIDI (I				
I have received a copy of the	Town of Wytheville Pay Cl	hange Form and understand that			
my hourly/yearly salary is as indicated aboxe.					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Signaturation	rellati	Date 04/01/2019			
Signature 1 2000		Date O 1101 O			

Pay Change Justification – James Marshall – 4/7/2019

James is a very conscientious, hardworking individual. His efforts seeing the community/recreation center maintenance is done in the most efficient, cost effective manner possible is evident in his daily work. He most recently saved the Town several thousand dollars on a project by delivering materials needed for a job to the contractors place of business. This enabled the contractor to deliver the needed service more efficiently and quickly, thus reducing the cost of the final product. (The extra step James initiated by material deliver was not required). In addition to James's constant efforts to save money on projects, he applies his skills as a certified electrician and plumber regularly on the job, fixing problems in-house. His in-house ability to address electrical and plumbing issues are of considerable benefit to the Town, helping not only save money by not having to go to outside sources for service, but it enables many problems to addressed very quickly.

James's regular work going the extra mile seeing that work is accomplished in the most efficient, cost effective manner, can be a justifier for the requested 3% pay increase.

Sincerely,

John Bishop

TO: PAYROLL DEPARTMENT PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE
TO YOUR RECORDS TAKING EFFECT ON:		0.00
EMPLOYEE NAME JAMES A	A. MARSHALL, JR.	
EMPLOYEE NUMBER 1200	DATE HR CHANGED	Will reflect on
		May 19, 2017
THE CHANGE(S):		J
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		
☐ JOB TITLE		
☐ GRADE		
■ ANNUAL RATE	\$36,841.00	\$38,329.00
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CHA	NGE(S):	
□ HIRED		ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
		TION OF EXISTING JOB
☐ PROMOTION		
☐ DEMOTION	☐ RESIGNATIO	
☐ TRANSFER FROM	\square RETIREMEN	
☐ MERIT INCREASE	\square SALARY AL	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE	TED DISCHARGE	
☐ LEAVE OF ABSENCE FRO	M	UNTIL
	(DATE)	(DATE)
OTHER (Explain) James has su	ccessfully completed his Six Month F	Promotion Probationary period as a supervisor
he has also obtained his Electrical Certifica		
AUTHORIZATION		
AUTHORIZATION:	N 100 1 100 1 100	I DATE
RECOMMENDED BY DEPARTME	INT HEAD	DATE
Former Seaso	5/15/17	
APPROVED BY THE TOWN MAN	AGER	DATE
	//U-eh	05-15-17
H. R. DEPT. ACKNOWLEDGEME	NT OERECEIPT	DATE
II. R. DEI I. ACKIJO W LEDGEME		
55 W 7	36,111	5/15/17
- Jan Die		
EMPLOYEE ACKNOWLEDO	GEMENT	
I have received a conv of the T	own of Wytheville Pay Ch	nange Form and understand that
2 7	•	THE A CALL WITH MITTER STATE STATE
my hourly/yearly salary is as in	dicated above.	
H MI		- AFLIELLO
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MUX I)	Date 05/15/17

TO: PAYROLL DEPARTMI	ENT	
PLEASE ENTER THE FOLLOWIN		EFFECTIVE DATE 11/03/2016
TO YOUR RECORDS TAKING E		11/03/2016
EVOLOVEE MANCE	A. MARSHALL, JR	
CHILD OVER MAN (DED		•
EMPLOYEE NUMBER 1200	DATE HR CHANGED	will reflect on 11/18 check
THE CHANGE(S):		205/20
✓ All Applicable Boxes	FROM	TO NO
DEPARTMENT NUMBER	72800	43700
■ JOB TITLE	GROUNDSKEEPER/BUILDING MAINTENANCE	SUPERVISOR 77 U
■ GRADE	6	12
■ ANNUAL RATE	\$24,345.36	\$36,841.00
HOURLY RATE	\$11.70	SALARY
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH	HANGE(S):	
☐ HIRED	□ PROBATIONA	RY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF S	ERVICE INCREASE
■ PROMOTION	□ RE-EVALUAT	ION OF EXISTING JOB
□ DEMOTION	□ RESIGNATION	
☐ TRANSFER FROM		222
		NIMENIT ADMIGTMENT
☐ MERIT INCREASE		SNMENT ADJUSTMENT
☐ TEMP. SERVICE COMP		
☐ LEAVE OF ABSENCE F		UNTIL JRS
C OTHER (Emplein)	(DATE)	(DATE)
☐ OTHER (Explain)		- Calle)
	· · · · · · · · · · · · · · · · · · ·	
AUTHORIZATION:		ONMENT ADJUSTMENT UNTIL (DATE) Solar') Step 11/03/2016
RECOMMENDED BY DEPARTM	MENT HEAD	DATE " 18"
RECOMMENDED BY DELAKTI	MENT HEAD	11/02/2016
Tommy Sea	gle	11/03/2016 Chick
APPROVED BY THE TOWN MA	ANAGER	DATE
Mech.		11/03/2016
H. R. DEPT, ACKNOWLEDGEM	TENT OF RECEIPT	DATE
		11/03/2016
- Shew d. St	ello	11/03/2010
EMPLOYEE ACKNOWLE	DGEMENT	
I have received a converteble	Town of Wythovilla Pay Char	nga Form and understand that
	Town of Wytheville Pay Char	nge roith and understand that
my hourly/yearly salary is as		
Signature July	sohall A	Date 11/03/2016

TOWN OF	WYTHEVILLE PAY CHAN	GE FORM OF THE PROPERTY OF THE	
TO: PAYROLL DEPARTM	ENT	المالالات و دستا	
PLEASE ENTER THE FOLLOWI		EFFECTIVE DATE	
TO YOUR RECORDS TAKING E			
EMPLOYEE NAME LAURA	A P. MARTIN		
EMPLOYEE NUMBER 944	DATE HR CHANGED	Will reflect on 8/6/202	> 1
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER			
■ JOB TITLE	INFORMATION & FACILITY SPEC.	FACILITY SERVICES SPECIALIST	
■ GRADE	06	07	
■ ANNUAL RATE	\$28,726.23	\$30,373.00	
☐ HOURLY RATE			
☐ CLASS (Exempt, Non-Exempt)			\
☐ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CI	HANGE(S):	1	
□ HIRED		RY PERIOD COMPLETED	
□ RE-HIRED		ERVICE INCREASE	
□ RE-TIRED □ PROMOTION			
☐ DEMOTION			
☐ TRANSFER FROM	RETIREMENT		
☐ MERIT INCREASE		GNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMP			
LEAVE OF ABSENCE F		_UNTIL	
OTHER (Explain) CHANG	(DATE) E IN JOB TITLE, CHANGE RESPON	(DATE) NSIBILITIES & CHANGE IN GRADE	
AUTHORIZATION:		D. 1777	
RECOMMENDED BY DEPARTI	MENT HEAD	7/28/2021	
APPROVED BY WUMAN RESO	URCES MANAGER	DATE	
Shei X Sheltos 1/28/2			
APPROVED BY TOWN MANAG	GER	1/28/2021 DATE 7/28/2021	
RF		7/28/2021	

EMPLOYEE ACKNOWLEDGEMENT

I have received a copy of the Town of Wytheville Pay Change my hourly/yearly salary is as indicated above.	Form and understand that
Signature Sama P. Warti,	Date 7/30/21



TO: PAYROLL DEPARTME		
PLEASE ENTER THE FOLLOWIN	NG CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EFFECT ON:		2/1/2021
EMPLOYEE NAME Todd	S. Mathews	S
EMPLOYEE NUMBER 103	7 DATE HR CHANGED	Will reflect or 35/21
THE CHANGE(S):		o ch
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		
■ JOB TITLE	Police Officer	Police Corporal
■ GRADE	09	10
■ ANNUAL RATE	\$50,955.76	\$53,329.25
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH		A DAY DEDICOR COLUMN FEED
□ HIRED		ARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
■ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	ON
☐ TRANSFER FROM	☐ RETIREMEN	IT ·
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPI		
\square LEAVE OF ABSENCE FI		UNTIL
☐ OTHER (Explain)	(DATE)	(DATE)
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	MENT HEAD	DATE
bel 2 Hash		1/21/2021
APPROVED BY HUMAN RES	RCES MANAGER	DATE
Dhui List	atta	1/22/2021
APPROVED BY TOWN MANAG	ER	DATE
Markeye		1-25-2021
Will I man		3 0001
EMPLOYEE ACKNOWLED	OGEMENT	
I have received a conv of the	Town of Wytheville Poy Cl	nange Form and understand that
my hourly/yearly salary is as		hange roint and understand that
		, ,
Signature rold A	W/	Date / / 85/ 202/



TO: PAYROLL DEPARTM	ENT					
PLEASE ENTER THE FOLLOWI	NG CHAN	GE(S)	EFFEC	EFFECTIVE DATE		
TO YOUR RECORDS TAKING EFFECT ON:			12	2-2-2021		
EMPLOYEE NAME						
Jon	n Matthe	WS				
EMPLOYEE NUMBER	DAT	E HR CHANGED	1 43		clask	
1219			121	22/21	Check	
			1	1		
THE CHANGE(S):						
✓ All Applicable Boxes		FROM		TC)	
☐ DEPARTMENT NUMBER						
☐ JOB TITLE						
□ GRADE						
☑ ANNUAL RATE	\$55,500		\$60,500			
☐ HOURLY RATE						
☐ CLASS (Exempt, Non-Exempt)						
☐ STATUS (FT, PT)						
☐ SHIFT TIME						
THE REASON FOR THE CI	HANGE	3).				
r	II II TODU	☐ PROBATION	ADV DEE	NOD CO	MDI ETED	
HIRED						
☐ RE-HIRED		☑ LENGTH OF			I	
☐ PROMOTION		□ RE-EVALUA		EXISTI	NG JOB	
☐ DEMOTION		☐ RESIGNATIO	N			
☐ TRANSFER FROM		☐ RETIREMEN	T		1	
☑ MERIT INCREASE		□ SALARY AL	IGNMEN	T ADJUS	STMENT	
☐ TEMP. SERVICE COMPI	FTFD					
☐ LEAVE OF ABSENCE FI						
LEAVE OF ADSENCE FI	KOWI	(DATE)	UNTIL)ATE)	
☐ LEAVE OF ABSENCE FROMUNTIL (DATE) (DATE) ☐ OTHER (Explain)						
OTHER (Explain)						
AUTHORIZATION:						
RECOMMENDED BY DEPARTA	IENT HEA	D . 0	/	DATE		
	/	- In	, 			
	7	John C		12	2-3-2021	
APPROVED BY HUMAN RESOL	IRCES 117	NAGER		DATE		
Y		// /		1 1 1	11	
Only a.	Me	105		12/.	3/2021	
APPROVED BY TOWN MANAG	ER /			DATE		
D			- 65	١.,		
Br Tr	_			12-	3-2021	
EMPLOYEE ACKNOWLED	OGEMEN	ΙΤ				
I have received a copy of the	Town of	Wytheville Pay Ch	ange Forn	n and unc	lerstand that	
			unge i Oili	ii wilu uill	wistana mat	
my hourly/yearly salary is as	muicated	auuve.				
Chan P A un				Dec	3, 2021	
Signature John Matthews (Dec 3 2021						



TO: PAYROLL DEPARTM	ENT		
PLEASE ENTER THE FOLLOWIN	NG CHANGE(S)	EFFECTIVE DATE 12/7/2020	
		12///2020	
EMPLOYEE NAME John R.	Matthaus		
John R.	mattnews		
EMPLOYEE NUMBER	DATE HR CHANGED	loft. 1	
		Will begin on 12/11/2020	Chack
		0	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER			
JOB TITLE	Associate Director	Deputy Director	
□ GRADE			
ANNUAL RATE	\$48,928.64	\$51,328,64	
☐ HOURLY RATE			
CLASS (Exempt, Non-Exempt)		2/0.36 1.20	
STATUS (FT, PT)			
☐ SHIFT TIME			
· · · · · · · · · · · · · · · · · · ·			
THE REASON FOR THE CI	HANGE(S).		
		LADY DEDICE COMPLETED	
HIRED		ARY PERIOD COMPLETED	
□ RE-HIRED		SERVICE INCREASE	
☐ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB	
☐ DEMOTION	☐ RESIGNATION	NC	
☐ TRANSFER FROM	☐ RETIREMEN	IT I	
MERIT INCREASE		IGNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMP.			
☐ LEAVE OF ABSENCE F		UNTIL (DATE)	
E OTHER (F1-:-) Assessed	(DATE)		
OTHER (Explain) Approved	by Joint IDA Board of Directors at Dece	initial 3, 2020 meeting	
AUTHORIZATION:			
RECOMMENDED BY DEPART	MENT HEAD	DATE	7
100			
1		12/4/2020	
APPROVED BY HUMAN RESO	ÉRCES MANAGER	DATE	
Star PO	24	1.1	
APPROVED BY TOWN MANAGER DATE			
APPROVED BY TOWN MANAG	JEŘ .	DATE	7
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EMPLOYEE ACKNOWLE	DGEMENT		
			_
I have received a conv of the	Town of Wytheville Pay C	hange Form and understand that	
		nange i oim and anderstand that	1
my hourly/yearly salary is as	indicated above.		
V 1 6	2 1	40457555	1
Signature X	2 Masoner	Date 12/10/2020	



TO: PAYROLL DEPARTME	ENT	。
PLEASE ENTER THE FOLLOWIN		EFFECTIVE DATE
TO YOUR RECORDS TAKING EI		02/16/2017
EMBLOWEE MANCE		
CHARL	ES E. MILLER	
EMPLOYEE NUMBER 1223	DATE HR CHANGED	will reflect on 2/24/17 check
THE CHANGE (C)		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
□ JOB TITLE		
□ GRADE		
ANNUAL RATE	\$35,411.34	\$41,632.85
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
□ SHIFT TIME		
THE REASON FOR THE CH	HANGE(S):	
□ HIRED	☐ PROBATION	ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	ON
☐ TRANSFER FROM	☐ RETIREMEN	T
☐ MERIT INCREASE	□ SALARY AL	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPI		
☐ LEAVE OF ABSENCE FI		UNIIL
	(DATE)	(DATE)
OTHER (Explain) HAS SUC	CESSFULLY COMPLETED TWO YEA	RANNIVERSARY
		2
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	MENT HEAD	DATE
Chief Ref a. A		02/09/2017
APPROVED BY THE TOWN MA	NAGER,	DATE
////	<6	12-22-17
H. R. DEPT. ACKNOWLEDGEM	ENT OF RECEIPT	02-22-17 DATE 2/9/17
	Col Al	2/9/17
Splu L.	Spellos	[] 1] [
EMPLOYEE ACKNOWLE	DGEMENT	
I have received a copy of the	Town of Wytheville Pay Ch	nange Form and understand that
my hourly/yearly salary is as		
Signature May lo Ch		Date 2/27/17
		UP'

TO: PAYROLL DEPARTMEN	Γ		
PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE 02/16/2016	
TO YOUR RECORDS TAKING EFFE		02/16/2016	
EMPLOYEE NAME	C E MILLED		
CHARLE	S E. MILLER		
EMPLOYEE NUMBER 1223	DATE HR CHANGED	Will be reflected	0 h
1223	l vl	I WITH DE NETTECHEDY	
	μ.	3	on 111/16 Chack
THE CHANGE(S):	``		ALV
✓ All Applicable Boxes	FROM	ТО	Chack
☐ DEPARTMENT NUMBER			Should bear
□ JOB TITLE			, 2
□ GRADE			ad hear
■ ANNUAL RATE	\$31,444.56	\$34,717.00	Chor i let
□ HOURLY RATE			Shavalille
CLASS (Exempt, Non-Exempt)			4. 131
STATUS (FT, PT)			Oh B
☐ SHIFT TIME			30.
THE REASON FOR THE CHA	NGE(S):		or 3125/1
HIRED		RY PERIOD COMPLETED	1, 3/2,
□ RE-HIRED		SERVICE INCREASE	N 1/2
		TION OF EXISTING JOB	o. hack
☐ PROMOTION			U
☐ DEMOTION	☐ RESIGNATIO		
☐ TRANSFER FROM			
☐ MERIT INCREASE		GNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPLE	ΓED □ DISCHARGE		
☐ LEAVE OF ABSENCE FRO	M	UNTIL	<i>(</i>)
	(DATE)	(DATE)	
OTHER (Explain) CHARLES HAS	S SUCCESSFULLY COMPLETED H	IS ONE YEAR ANNIVERSARY AS A	
FIREFIGHTER/ENGINEER.			
			<u>te</u>
ALITHODIZATION.			
AUTHORIZATION: // RECOMMENDED BY DEPARTMENT	COLUMN STATE OF THE STATE OF TH	DATE	٦
RECOMMENDED BY DEPARTMEN	Y HEAD	DATE	
(VIIIII)	Min C	2/4//6	
APPROVED BY THE TOWN MANA	GER	DATE	-
Mayor Such			
COO J. Color		02-09-16	4
H. R. DEPT ACKNOWLEDGEMEN	2017 HI	DATE	
12 Lui L	holler	2/9/16	Į.
EMPLOYEE ACKNOWLEDG	EMENT		
			٦
I have received a copy of the To	wn of Wytheville Pay Cha	ange Form and understand that	
my hourly/yearly salary is as inc			
Signature Old Man Date 2.10.16			

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SHS
ENTERED

D: PAYROLL DEPARTMENT	ANGE(S)	EFFECTIVE DATE
LEASE ENTER THE FOLLOWING CHANGE(S) O YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 5 34 5
MPLOYEE NAME	ON.	
Philip P. Moo	DATE HR CHANGED	
MPLOYEE NUMBER	DATERICHAMOED	
HE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER		4700
LIOB TITLE		Water Treatment Operator Class
GRADE		- 11
ANNUAL RATE		\$48,600
HOURLY RATE		THE PART OF THE PA
CLASS (Exempt, Non-Exempt)	40	NON-EXEMPT
STATUS (FT. PT)		FT Varies
SHIFT TIME		Varies
HE REASON FOR THE CHAN	GE(S):	
HIRED	□ PROBATIO	NARY PERIOD COMPLETED
RE-HIRED	☐ LENGTH O	F SERVICE INCREASE
PROMOTION	□ RE-EVALU	ATION OF EXISTING JOB
DEMOTION	□ RESIGNAT	
TRANSFER FROM	□ RETIREME	NΤ
MERIT INCREASE	□ SALARY A	LIGNMENT ADJUSTMENT
TEMP. SERVICE COMPLETI		
J LEMIP, SERVICE COMITEET	UD	
	4	UNTIL
LEAVE OF ABSENCE FROM	4	UNTIL
	(DATE)	UNTIL (DATE)
☐ LEAVE OF ABSENCE FROM ☐ OTHER (Explain)	4	UNTIL (DATE)
	4	UNTIL(DATE)
	4	UNTIL(DATE)
OTHER (Explain)	4	UNTIL(DATE)
OTHER (Explain)	(DATE)	UNTIL(DATE)
OTHER (Explain) AUTHORIZATION: RECOMMENDED BY DEPARTMENT	(DATE)	(DATE)
OTHER (Explain)	(DATE)	(DATE)
AUTHORIZATION: RECOMMENDED BY DEPARTMENT	(DATE)	(DATE)
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE	(DATE)	DATE 4/16/21 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT	(DATE)	DATE 4/16/21 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE	(DATE)	DATE 4/16/21 DATE 4/16/20 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE Show Sholten	(DATE)	DATE 4/16/21 DATE 4/16/20 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE Show Sholfen	(DATE)	DATE 4/16/21 DATE 4/16/20 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE APPROVED BY JOHN MANAGER	THEAD ES MANAGER	DATE 4/16/21 DATE 4/16/20 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE APPROVED BY DOWN MANAGER EMPLOYEE ACKNOWLEDGE	T HEAD ES MANAGER EMENT	DATE 4/16/21 DATE 4/16/20 DATE 4-10/2001 DATE 4-20-202
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE APPROVED BY DOWN MANAGER EMPLOYEE ACKNOWLEDGE	T HEAD ES MANAGER EMENT	DATE 4/16/21 DATE 4/16/20 DATE 4-10/2001 DATE 4-20-202
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE APPROVED BY JOHN MANAGER EMPLOYEE ACKNOWLEDGE	THEAD ES MANAGER EMENT wn of Wytheville Pay	DATE 4/16/21 DATE 4/16/20 DATE 4-10/2001 DATE 4-20-202
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE APPROVED BY JOHN MANAGER EMPLOYEE ACKNOWLEDGE I have received a copy of the Towny hourly/yearly salary is as indi-	THEAD ES MANAGER EMENT wn of Wytheville Payicated above.	DATE 4/16/21 DATE 4/16/2001 DATE 4/16/2001 DATE 4/16/2001 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT APPROVED BY HUMAN RESOURCE APPROVED BY JOHN MANAGER EMPLOYEE ACKNOWLEDGE I have received a copy of the Towny hourly/yearly salary is as indi-	THEAD ES MANAGER EMENT wn of Wytheville Pay	DATE 4/16/21 DATE 4/16/2001 DATE 4/16/2001 DATE 4/16/2001

TO: PAYROLL DEPARTMINED PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE 09/13/2021
TO YOUR RECORDS TAKING E		09/13/2021
EMPLOYEE NAME AMY F		apc
AIVIT		()72)
EMPLOYEE NUMBER 771	DATE HR CHANGED	SMTPERE
THE CHANCE(C).		
THE CHANGE(S):	FROM	ТО
✓ All Applicable Boxes	FROM	10
☐ DEPARTMENT NUMBER ☐ JOB TITLE	INFORMATION DESK SPECIALIST	VISITOR SERVICES MANAGER
GRADE	INFORMATION DESK SPECIALIST	08
■ ANNUAL RATE		\$28,621.00
■ HOURLY RATE	\$9.50	\$20,021.00
CLASS (Exempt, Non-Exempt)	40.00	NON-EXEMPT
■ STATUS (FT, PT)	PT	FT
SHIFT TIME		VARIES
THE REASON FOR THE CH	HANGE(S):	
		RY PERIOD COMPLETED
☐ HIRED		
□ RE-HIRED		ERVICE INCREASE
■ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	N
TRANSFER FROM PART-		
☐ MERIT INCREASE	☐ SALARY ALIC	GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPI	LETED □ DISCHARGE	
☐ LEAVE OF ABSENCE FI	0.014	UNTIL
	ROM(DATE)	(DATE)
☐ OTHER (Explain)		
•		
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	AENT HEAD	DATE /
RECOMMENDED BY DEPARTM	MENT HEAD	9/10/201
CAODA The Son	do	8 pu/2021
APPROVED BY HUMAN RESOL	URCES MANAGER	DATE
9. 9K/	1 +1=	0/2-1-
Mu L. ST	hellos	8/20/2021
APPROVED BY TOWN MANAC	GER .	DATE
PT	_	8/20/2021
2_1~		, 120,502,
- -		
EMPLOYEE ACKNOWLE	DGEMENT	
I have received a copy of the	Town of Wytheville Pay Cha	nge Form and understand that
my hourly/yearly salary is as		8
my mounty/younty satury is as		
Signatura / Una	30	Date 1 - 5/ near
Signature Comy AMu	LUMD	Date aug. 21, SUR/
		U
() - Week Hourly		
() - Week Hourly	<i>1</i>)	
/ 1 / CALARE	• \	

TO: PAYROLL DEPARTME	M.I.		
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	G CHANGE(S) 0/2/2020	EFFECTIVE DATE	
EMPLOYEE NAME DESIRE			
EMPLOYEE NUMBER	DATE HR CHANGED		
MALE CALLANGE (C)			
THE CHANGE(S):	ED OV	TO	r.
✓ All Applicable Boxes	FROM	ТО	
■ DEPARTMENT NUMBER □ JOB TITLE	33400		
☐ GRADE			- Change
■ ANNUAL RATE	\$36,205	\$41,000	VPC
□ HOURLY RATE	\$30,203	V-1,500	VAS
☐ CLASS (Exempt, Non-Exempt)			Charge VRS on 10/2/2020 payrale
☐ STATUS (FT, PT)	118-119		on jaj
☐ SHIFT TIME			payren
	- 1410 - 141		,
THE REASON FOR THE CH	ANGE(S):		
□ HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED	
□ RE-HIRED	☐ LENGTH OF S	SERVICE INCREASE	
☐ PROMOTION	■ RE-EVALUAT	TION OF EXISTING JOB	
DEMOTION	☐ RESIGNATIO		
☐ TRANSFER FROM	□ RETIREMENT		
☐ MERIT INCREASE		GNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPL		GIAMEIAI ADJOOTIMEIAI	
		UNTIL	
☐ LEAVE OF ABSENCE FR	(DATE)	ONTIL	
☐ OTHER (Explain) COMPLET			
			_
AUTHORIZATION:			\neg
RECOMMENDED BY DEPARTM	ENT HEAD	DATE	
MARC BRADE	7	9/3/2020	<u>' </u>
APPROVED BY HUMAN RESOU	RCES MANAGER	DATE	
They I She	ton	9/2/2020	
APPROVED BY TOWN MANAG	ER	DATE	
Morthan	-	9-15-20	
EMPLOYEE ACKNOWLED	GEMENT		
I have received a copy of the	Town of Wytheville Pay Cha	ange Form and understand that	7
my hourly/yearly salary is as i	indicated above.	0	
Signature Dain	Much	Date 9/17/2020	

TOWN OF WYTHEVILLE PAY CHANGE FORM TO: PAYROLL DEPARTMENT **EFFECTIVE** PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: EMPLOYEE NAME Newman, Cavin L. EMPLOYEE NUMBER 1507 DATE HR CHANGED Will reflect on 10/29/21 THE CHANGE(S): FROM TO ✓ All Applicable Boxes ☐ DEPARTMENT NUMBER 31100 31100 ☐ JOB TITLE ☐ GRADE **ANNUAL RATE** \$42,580 \$37.296 ☐ HOURLY RATE ☐ CLASS (Exempt, Non-Exempt) ☐ STATUS (FT, PT) ☐ SHIFT TIME THE REASON FOR THE CHANGE(S): ☐ HIRED ☐ PROBATIONARY PERIOD COMPLETED ☐ LENGTH OF SERVICE INCREASE ☐ RE-HIRED ☐ RE-EVALUATION OF EXISTING JOB ☐ PROMOTION ☐ RESIGNATION □ DEMOTION ☐ TRANSFER FROM □ RETIREMENT ☐ MERIT INCREASE ■ SALARY ALIGNMENT ADJUSTMENT ☐ DISCHARGE ☐ TEMP. SERVICE COMPLETED UNTIL ☐ LEAVE OF ABSENCE FROM (DATE) (DATE) ☐ OTHER (Explain)_ **AUTHORIZATION:** DATE RECOMMENDED BY DEPARTMENT HEAD 9/30/2021 APPROVED BY HUMAN RESOURCES MANAGER DATE APPROVED BY TOWN MANAGER EMPLOYEE ACKNOWLEDGEMENT

I have received a copy of the Town of Wytheville Pay Chang	ge Form and understand that
my hourly/yearly salary is as indicated above.	
Signature / lec-	Date 10/12/2021



TO: PAYROLL DEPARTME	NT	
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE
TO YOUR RECORDS TAKING EF	FECT ON:	5/28/2021 Check
EMPLOYEE NAME Newma	n Covin I	
newma	n, Cavin L.	
EMPLOYEE NUMBER 1504	DATE HR CHANGED	
1304		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER	31100	31100
□ JOB TITLE		
□ GRADE		
■ ANNUAL RATE	\$32,875	\$36,296
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
□ STATUS (FT, PT)		
□ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
□ HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
\square PROMOTION		ATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATI	ON
☐ TRANSFER FROM	☐ RETIREMEN	T
☐ MERIT INCREASE	□ SALARY AL	LIGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	ETED □ DISCHARGI	F.
☐ LEAVE OF ABSENCE FR		
_ LEAVE OF ABBEITEETA	(DATE)	(DATE)
☐ OTHER (Explain)	(2.112)	(====)
C TILK (Explain)		
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
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for 2 Hack for		
APPROVED BY HUMAN RESOL	RCES MANAGER	DATE
CAN' Y A		5/1/2221
Shu psh	MO-	5/11/2021
APPROVED BY TOWN MANAGI	ER	DATE
Mht Mu		5-12-2021
EMPLOYEE ACKNOWLED	GEMENT	
I have received a copy of the	Town of Wytheville Pay C	hange Form and understand that
my hourly/yearly)salary is as i	ndicated above.	
	′ /	5 11110
Signature	10em	Date 5/14/21

TOWN OF WYTHEVILLE **ONE YEAR PROBATION EMPLOYEE EVALUATION**

EMPLOYEE NAME: CAVIN L. NEWMAN
HIRE DATE: 03/09/2020 JOB TITLE: Police Officer
PAY RATE: Contact HR
SUPERVISOR:
DO YOU RECOMMEND THE EMPLOYEE CONTINUE IN EMPLOYMENT? YES NO
PLEASE STATE YOUR REASONS FOR WHATEVER ACTION YOU RECOMMEND. USE THE GUIDELINES BELOW TO HELP YOU MAKE YOUR DECISION.
Officer Cavin L. Newman has done an excellent job as a law enforcement officer for the Wytheville Police Department. Officer Newman has continued to progress throughout his tenue at the Police Department and has demonstrate a strong skill in his job performance and duties. Officer Newman works very well with his team members and has a desire to perform his duties to the best of his abilities. It is my recommendation that Officer Cavin L. Newman continue in employment with the Town of Wytheville.
10 11/
SUPERVISOR'S SIGNATURE: ful 1 Half
DATE: May 11. 2021
This form must be routed and signed by the personnel below before meeting with the employee.
Date Signatures
Routing 5/11/2021 Chief for 2. Hal Department Head 5/11/2021 Sheir S. Sheller HR Manager
EMPLOYEE ACKNOWLEDGEMENT
Signature Date Date Date DITE D
 HAS THE EMPLOYEE REQUIRED MORE TRAINING FROM YOU THAN IS NORMALLY NEEDED FOR THIS JOB? HAS THE EMPLOYEE CAUGHT ON TO THIS JOB WITH VERY LITTLE TRAINING? IS THE EMPLOYEE PERFORMING AT, ABOVE, OR BELOW THE STANDARD? IF BELOW, WHEN DO YOU EXPECT THE EMPLOYEE TO REACH THE STANDARD? IS THIS EMPLOYEE DEVELOPING SATISFACTORY WORKING RELATIONSHIPS WITH THE OTHER EMPLOYEES WITHIN YOUR AREA AND THROUGHOUT THE COMPANY? HAS THE EMPLOYEE MAINTAINED A GOOD ATTENDANCE RECORD AND EXHIBITED THE

TYPE OF ATTITUDE THAT YOU WANT IN THIS JOB? HAS THE EMPLOYEE EXPRESSED ANY DISSATISFACTION? 7.

6.

THIS FORM NEEDS TO BE FILLED OUT AND RETURNED TO THE HUMAN **IMPORTANT**: RESOURCE MANAGER'S OFFICE NO MORE THAN TEN DAYS AFTER COMPLETION OF ONE YEAR PROBATIONARY PERIOD.

.



TO: PAYROLL DEPARTMENT	NT	
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE
TO YOUR RECORDS TAKING EFFECT ON:		
EMPLOYEE NAME Robbie	Patton	
Kopple		
EMPLOYEE NUMBER 1553	DATE HR CHANGED	Nov. 24th Check
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER	THE STATE OF THE S	
■ JOB TITLE	Laborer I	Equipment Operator III
■ GRADE	04	05
■ ANNUAL RATE	\$27,000	\$28,600
■ HOURLY RATE	\$12.98	\$13.75
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)	202	
☐ SHIFT TIME	1.4	
THE REASON FOR THE CHA	ANGE(S):	
□ HIRED		ARY PERIOD COMPLETED
		SERVICE INCREASE
□ RE-HIRED		
■ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION	ON
☐ TRANSFER FROM	☐ RETIREMEN	T
☐ MERIT INCREASE	□ SALARY AL	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLI	ETED DISCHARGE	
☐ LEAVE OF ABSENCE FRO		UNTIL
ELAVE OF ABSENCE TRO	(DATE)	(DATE)
☐ OTHER (Explain)	(2112)	(====,
AUTHORIZATION:		
RECOMMENDED BY DEPARTME	ENTHEAD	DATE
1)4 /N	<i>)</i>	10-78-7-71
(sugher)	egge	10 28 dod
APPROVED BY HUMAN RESOUR	MANAGER	DATE
1 () 1 () ()	#10	1 sociali
July J.	nue	DATE
APPROVED BY TOWN MANAGE	K	DATE
K.E		11/17/2021
12-61		
EMPLOYEE ACKNOWLEDG	GEMENT	
I have received a correct of the T	over of Wathwills Do- Ch	ange Form and understand that
	-	ange Form and understand that
my hourly/yearly salary is as in	idicated above.	l
01.61	1 HH	11-27-71
Signature / /	raller	Date //- 22-21

TOWN OF WYTHEVILLE SIX MONTH PROBATION EMPLOYEE EVALUATION

HIRE DATE: 3/08/2021 JOB TITLE: Laborer I PAY RATE: Contact Human Resources Department
SUPERVISOR: Kevin Hackler
DO YOU RECOMMEND THE EMPLOYEE CONTINUE IN EMPLOYMENT? YES NO
PLEASE STATE YOUR REASONS FOR WHATEVER ACTION YOU RECOMMEND. USE THE GUIDELINES BELOW TO HELP YOU MAKE YOUR DECISION. Mr. Paton has
become a valuable asset to the Town of Wythenille.
He is operating equipment and has caught on to his
other work duties very Fast. Gets along well with
his other coworkers and has good attendance
SUPERVISOR'S SIGNATURE: Kem Haelle
DATE: 10-28-2021
This form must be routed and signed by the personnel below before meeting with the employee.
This form <u>must</u> be routed and signed by the personnel below before meeting with the employee. Date Signatures
Routing Date Signatures Department Head
Routing Signatures Chi L. Shellan Department Head HR Manager
Routing Signatures Routing Department Head Shu Shu HR Manager EMPLOYEE ACKNOWLEDGEMENT
Routing Department Head Shir R. Shirth HR Manager EMPLOYEE ACKNOWLEDGEMENT I have received a copy of the my Six Month Probation Employee Evaluation Form Of the Head Of

IMPORTANT: THIS FORM NEEDS TO BE FILLED OUT AND RETURNED TO THE HUMAN RESOURCE MANAGER'S OFFICE NO MORE THAN TEN DAYS AFTER COMPLETION OF SIX MONTH PROBATIONARY PERIOD.

HAS THE EMPLOYEE EXPRESSED ANY DISSATISFACTION?

7.



TO: PAYROLL DEPARTMI	ENT	
PLEASE ENTER THE FOLLOWI	NG CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING E	FFECT ON:	12/1/2021
EMPLOYEE NAME James	Paulev	
Dancs		
EMPLOYEE NUMBER 488	DATE HR CHANGED	Will reflect on 12/101
		- I
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		
□ JOB TITLE		
□ GRADE		
■ ANNUAL RATE	\$30,695.25	\$31,740.80
■ HOURLY RATE	\$14.76	\$15.26
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH		
☐ HIRED	☐ PROBATION	IARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
□ PROMOTION ·	□ RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMEN	l l
□ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPI		
☐ LEAVE OF ABSENCE FE		
LI LEAVE OF ABSENCE IT	(DATE)	(DATE)
☐ OTHER (Explain)	(2112)	(2-2-2-)
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AUTHORIZATION:		
RECOMMENDED BY DEPARTIN	TENIT HEAD	DATE
RECOMMENDED BY DELANTIV)	
Charles 1	Jent .	11-4-2021
APPROVED-BY HUMAN RESOL	JRCES MANAGER	DATE
		1.122/2021
Their L.		11/23/2021 DATE
APPROVED BY TOWN MANAG	ER	DATÉ
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		7. (
EMBLOVEE ACKNOWLEE	CEMENT	
EMPLOYEE ACKNOWLED	OCIVICIN I	
I have received a conv of the	Town of Wytheville Pay Ch	nange Form and understand that
my hourly/yearly salary is as		inibe i oilli alla allaoibialla tilat
Illy Hourry/yearry sarary is as	marcatca above.	
Signatura	$\mathcal{O}(1)$	Date 12 = 1 = 21
Signature James	auley	Date 12 FI LI



ENT			
G CHANGE(S)	EFFECTIVE DATE 03/14/16		
R RECORDS TAKING EFFECT ON:			
F. PAULEY			
DATE HR CHANGED	will reflect on April 8th check		
	<u> </u>		
FROM	TO		
\$24,656.81	\$26,000.00		
\$11.85	\$12.50		
ANGE(G)			
	ARY PERIOD COMPLETED		
LENGTH OF	SERVICE INCREASE		
□ RE-EVALUA	TION OF EXISTING JOB		
☐ RESIGNATION	ON		
☐ RETIREMEN	T		
	IGNMENT ADJUSTMENT		
☐ LEAVE OF ABSENCE FROM UNTIL			
	(DATE)		
(====,	(DAID)		
ENT HEAD	DATE		
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reagle	03/14/16		
IAGER	DATE		
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	03/14/10		
NT OF REGEIPT	DATE		
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GEMENT			
own of Wytherilla Par Ch	ange Form and an denter 141.		
	ange form and understand that		
idicated above.			
Paulen	Date 3-15-16		
	G CHANGE(S) FECT ON: E. PAULEY DATE HR CHANGED FROM \$24,656.81 \$11.85 ANGE(S): PROBATION LENGTH OF RE-EVALUA RESIGNATIO RETIREMEN SALARY AL ETED DISCHARGE		



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TO: PAYROLL DEPARTMED PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE
TO YOUR RECORDS TAKING EF		8/20/19
EMBLOVEE NAME	OPHER C. PEEPI	
EMPLOVEE NUMBER	DATE HR CHANGED	
640	DATE TIK CHANGED	Will reflect on 9 6/11
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
DEPARTMENT NUMBER	41200	41150
JOB TITLE	SUPERVISOR	DIRECTOR OF PUBLIC WORKS
GRADE	12	16
ANNUAL RATE	\$64,689.07	\$74,690.00
HOURLY RATE		
CLASS (Exempt, Non-Exempt)	NON-EXEMPT	EXEMPT
STATUS (FT, PT)		
□ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
□ HIRED		VARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
■ PROMOTION		ATION OF EXISTING JOB
DEMOTION	RESIGNATION	
☐ TRANSFER FROM		· -
☐ MERIT INCREASE		LIGNMENT ADJUSTMENT
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\square LEAVE OF ABSENCE FR	OM	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		
AUTHORIZATION: RECOMMENDED BY DEPARTME	INT HEAD	DATE
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(Wayne Sie	therlind Vs	8/29/19
APPROVED BY THE TOWN MAN		DATE
Wagne Sutherland ()		8/29/19
H. R. DEPT, ACKNOWLEDGEME	NT OF RECEIPT	DATE
Shui L.S	hillon	8/29/19
EMPLOYEE ACKNOWLEDG	GEMENT	
Z. Z		
		nange Form and understand that
my hourly/yearly salary is as in	ndicated above.	
P1) ~1	\mathcal{A}	7 30 40
Signature Curch	// seg fr	Date 8 20-19



TO: PAYROLL DEPARTMEN	NT					
		EFFECTIVE DATE				
		9-1-16				
EMPLOYEE NAME						
TO: PAYROLL DEPARTMENT PLEASE ENTER THE FOLLOWING CHANGE(S) EMPLOYEE NAME CHRISTOPHER C. PEEPLES EMPLOYEE NAME CHRISTOPHER C. PEEPLES EMPLOYEE NUMBER 640 DATE HR CHANGED WILL reflect on Sept. 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
0+0		Will reflect on sign. I chec				
THE CHANGE(S)						
	EDOM	TO				
	PROM	10				
	\$52,772.42	\$57,772.00				
☐ CLASS (Exempt, Non-Exempt)						
□ SHIFT TIME						
THE REASON FOR THE CHA	ANGE(S):					
□ HIRED	☐ PROBATION	ARY PERIOD COMPLETED				
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE				
☐ PROMOTION						
LEAVE OF ABSENCE FRO						
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ALIMIANIAMIANI						
	N. G. Lie					
	ENTHEAD					
5 Growing ?	eagle	08/11/2016				
APPROVED BY THE TOWN MAN	AGER	DATE				
Mayor Suche	Muly	08-11-16				
H. R. PEPTACKNOWLEDGEMEN	TOP RECEIPT					
78	111	8/11/16				
Jum p Z	VIOLE .	0/11/19				
EMPLOYEE ACKNOWLEDO	GEMENT					
I have received a copy of the To	•	ange Form and understand that				
my hourly/yearly salary is as in	dicated above.					
		62 32 1/				
Signature Lungh	1 / my	Date8-22-/6				



TO: PAYROLL DEPARTME	NT	
PLEASE ENTER THE FOLLOWIN	G CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EF		EFFECTIVE DATE
EMBLOMEENIANCE		
Angela L). Pennington	
EMPLOYEE NUMBER	DATE HR CHANGED	
7		Keflect on 2/5/2021
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		10
☐ JOB TITLE		
☐ GRADE		00
■ ANNUAL RATE	\$46,875	\$52,375
☐ HOURLY RATE		#51,28L24 N
☐ CLASS (Exempt, Non-Exempt)	-	77,0000
□ STATUS (FT, PT)		SAL
☐ SHIFT TIME	,	
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		ARY PERIOD COMPLETED
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OTHER (Explain) / 000/	leted Certificati	on Deputy Treasurer
CAPIAIII) CONT	TETUS CAGINICAN	or throng treasurer
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AUTHORIZATION:		
RECOMMENDED BY DEPARTMI	NT HEAD	DATE
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		1-22.2021
APPROVED BY HUMAN RESOU	RCESMANAGER	DATE
1 - Sha + Ca	Ho	1/21/221
Chen of	nun	1/2//202/
APPROVED BY TOWN MANAGE	CR CONTRACTOR	DATE '_
Momon		DATE 1-21-2021
1 / majorous		
EMPLOYEE ACKNOWLED	GEMENT	
	-	
I have received a copy of the T	own of Wytheville Pay Cha	ange Form and understand that
my hourly/yearly salary is as in		
)	, ,
Signature Mula ()	an marcha	Date 1/22/2021
Signature The Signature of the Signature	www.wjo	_ Date 121WC1



TO: PAYROLL DEPARTME	NT	G O
PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE
TO YOUR RECORDS TAKING EFF	ECT ON:	6/26/18
EMPLOYEE NAME ANGELA	D. PENNINGTON	
EMPLOYEE NUMBER 675	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		
☐ JOB TITLE		
□ GRADE		
■ ANNUAL RATE	\$40,676.64	\$42,700.00
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CHA	ANGE(S):	
□ HIRED		RY PERIOD COMPLETED
□ RE-HIRED		ERVICE INCREASE
□ PROMOTION		ION OF EXISTING JOB
□ DEMOTION		
	□ RESIGNATION	
☐ TRANSFER FROM	□ RETIREMENT	
MERIT INCREASE		GNMENT ADJUSTMENT
$ \;\square$ TEMP. SERVICE COMPLE		
\square LEAVE OF ABSENCE FRO	OM(DATE)	_UNTIL
☐ OTHER (Explain)	(DATE)	UNTIL(DATE)
1/2		
L		
AUTHORIZATION:		
RECOMMENDED BY DEPARTME	NT HEAD	DATE
RECOMMENDED BY DELAKTIVIE		
Shew de	Should	6/26/18
APPROVED BY THE TOWN MAN	AGER	DATE
(Wayne Such	. 🗸	06-26-18
H. R. DEPT ACKNOWLEDGEMEN	T OF RECEIPT	DATE
1 1 9 0		
plu si	Tellos	6/26/18
	1	
EMPLOYEE ACKNOWLEDO	BEMENT	
I have received a copy of the To	own of Wytheville Day Cha-	age Form and understand that
		ige rotti and understand that
my hourly/yearly salary is as in	uicated above.	
Signature Applia	Rennot	Date 6/26/18



TO: PAYROLL DEPARTMEN	IT	Comment of the Commen			
PLEASE ENTER THE FOLLOWING	CHANGE(S)	EFFECTIVE DATE			
TO YOUR RECORDS TAKING EFF	ECT ON:	1/1/18			
EMPLOYEE NAME DEWEY CARTER PENNINGTON					
EMPLOYEE NUMBER 890	DATE HR CHANGED	Will reflect on 1/12/18 check			
		D			
THE CHANGE(S):					
✓ All Applicable Boxes	FROM	TO			
DEPARTMENT NUMBER					
■ JOB TITLE	EQUIPMENT OPERATOR II	UTILITY LOCATOR			
GRADE					
■ ANNUAL RATE ■ HOURLY RATE	\$28,000.00	\$30,160.00			
	\$13.46	\$14.50			
☐ CLASS (Exempt, Non-Exempt) ☐ STATUS (FT, PT)	<u> </u>				
□ SHIFT TIME		 			
LI STILL THATE					
THE REASON FOR THE CHA	NGE(S):				
□ HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED			
□ RE-HIRED		SERVICE INCREASE			
☐ PROMOTION		TION OF EXISTING JOB			
□ DEMOTION	□ RESIGNATIO				
☐ TRANSFER FROM	☐ RETIREMENT				
☐ MERIT INCREASE					
		GNMENT ADJUSTMENT			
☐ TEMP. SERVICE COMPLE					
☐ LEAVE OF ABSENCE FRO		_UNTIL			
OTHER (Explain) INTERNAL.	(DATE) IOB POSTING	(DATE)			
AUTHORIZATION:					
RECOMMENDED BY DEPARTMENT	NT HEAD	DATE			
3 2~ Mb		12/19/17			
APPROVED BY THE TOWN MANA	AGER	DATE			
(11-6)		12-19-17			
H. R. DEPT. ACKNOWLEDGEMEN	T OF BEOFINE	/			
H. K. DEFT. ALKNOWLEDGEMEN	of Receipt	DATE			
Their The St	hettop	12/19/17			
EMPLOYEE ACKNOWLEDG	EMENT	,			
I have received a copy of the To	wn of Wytheville Part Char	nge Form and understand that			
my hourly/yearly salary is as inc					
The state of the s					
Signature	A Y	Date 12-19-17			
		/			



TO: PAYROLL DEPARTME	ENT	
PLEASE ENTER THE FOLLOWIN	EFFECTIVE DATE	
TO YOUR RECORDS TAKING EF	FECT ON:	
EMPLOYEE NAME D. CAR	TER PENNINGTON	
EMPLOYEE NUMBER 890	DATE HR CHANGED	
690		
THE CHANGE (C)		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER ☐ JOB TITLE		
■ GRADE	LABORER I	EQUIPMENT OPERATOR II
■ ANNUAL RATE	\$25,925.11	\$28,000.00
HOURLY RATE	\$12.46	\$20,000.00
☐ CLASS (Exempt, Non-Exempt)	V12.40	\$10.40
☐ STATUS (FT, PT)		
□ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
□ HIRED	☐ PROBATION	ARY PERIOD COMPLETED
☐ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
□ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMEN	
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL		
	01.6	
☐ LEAVE OF ABSENCE FR	OM(DATE)	UNTIL(DATE)
☐ OTHER (Explain)	(DATE)	(DATE)
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
8.5~ th		9/22/2017
APPROVED BY THE TOWN MAI	NAGER,	DATE
/W	56,	09-25-17
H. R. DEPT. ACKNOWLEDGEME	NT OF RECEIPT	DATE
		01 = 110
Ohen so	Shellas	9/25/11
EMPLOYEE ACKNOWLED	GEMENT	
I have received a copy of the	Town of Wytheville Pay Cha	ange Form and understand that
my hourly/yearly salary is as i		Q
J daray Juniary 10 00 1		
Signature Den C	PM	Date 9-28-17
	/	

TOWAL OF WATERWAY			010
IOWN OF	RTMENT LOWING CHANGE(S) ING EFFECT ON: REGORY B. PORTER 519 DATE HR CHANGED will reflect on 10 30 2020 paycheck FROM TO R NRRWA OPERATOR TRAINEE NRRWA OPERATOR CLASS 3 \$33,694.00 \$39,301.74 IE CHANGE(S): PROBATIONARY PER OD COMPLETED LENGTH OF SERVICE INCREASE RE-EVALUATION OF EXISTING JOB RETIREMENT SALARY ALIGNMENT OMPLETED DISCHARGE CF FROM UNTIL (DATE) GOMES 8% PAY INCREASE FOR EACH STEP. ARTIMENT HEAD ARTIMENT HEAD DATE 1/3/20 CO ESOURCESMANAGER DATE 1/2/2020 ESOURCESMANAGER DATE 1/2/2020 LEDGEMENT The Town of Wytheville Pay Change Form and understand that is as indicated above.		
TO: PAYROLL DEPARTME	INT		المالة المالة المالة المالة
PLEASE ENTER THE FOLLOWIN	G CHANGE(S)	1 =====	
LIU I OUK KECOKDS TAKING FR	FECT ON	EFFECT	IVE DATE 10/09/2020
EMPLOYEE NAME GREC	OPV P PODTE		1010012020
EMPLOYEE NUMBER	ONI B. FUNIE	K	
1519	DATE HR CHANGED	will reflec	on 10 30/2020 paycheck
THE CHANGE(S)		,	
✓ All Applicable Boyes	F77.004		
DEPARTMENT NUMBER	FROM		TO
JOB TITLE	MANAGE AND A TOO BOARD		
□ GRADE	NKKWA OPEKATOR TRAINEE	NRRV	VA OPERATOR CLASS 3
■ ANNUAL RATE	\$33 604 00		
☐ HOURLY RATE	VU.1450,656		\$39,301.74
☐ CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CH.	ANGE(S)		
□ HIRED			
	LI FRUBATIONAL	RY PEKI	OD COMPLETED
	LENGTH OF SE	RVICE	INCREASE
	☐ RE-EVALUATION	ON OF	EXISTING JOB
	☐ RESIGNATION		
	☐ SALARY ALIG	NMFNT	ATMICTMENT
☐ TEMP. SERVICE COMPLI	ETED DISCHARGE	I ATATATA A T	L Marki I GOLDA
☐ LEAVE OF ABSENCE FRO	01/	TENTTY	
	(DATE)		(DATE)
OTHER (Explain) GREG WE	NT FROM A OPERATOR TRAINER	TO A CL	ASS 3. HE SKIPPED
OVER CLASS 4. HE RECEIVES 8% PAY INCREASE FOR EACH STEP.			100 01 110 0141 1 20
		•	
AUTHORIZATION:			
RECOMMENDED BY DEPARTME	NT UEAD A / ADA		11/2/90
16 16 11	Jan Ster	D	
P. On Wh			10/12/2020
APPROVED BY HUMAN RESOUR	CES, MANAGER		
Chi y Ch	11		10/10/10
AUDUCALED BY TOURI HAR	ector		10/12/2020
Mary.	R] [PATE /
MANhen			D-28-ZOZO
EMPLOYEE ACKNOWLEDO	SEMENT		
I have received a copy of the To	own of Wytheville Pay Chang	ge Form	and understand that
my hourly/yearly salary is as in	dicated above.		
EMPLOYEE NAME GREGORY B. PORTER EMPLOYEE NUMBER 1519 DATE HR CHANGED will reflect on to a control of the change o	11-3-20		



O: PAYROLL DEPARTME	NT					
PLEASE ENTER THE FOLLOWING CHANGE(S)			EFFECTIVE DATE			
TO YOUR RECORDS TAKING EFFECT ON:			7	28 2021		-
EMPLOYEE NAME CALEE		RESTON	•			
EMPLOYEE NUMBER 1531		R CHANGED	10[:11	reflect	8/1	6
1331			MALL	reflect	on 1]/
THE CHANGE(S):						
✓ All Applicable Boxes]	FROM		ТО		
DEPARTMENT NUMBER						
JOB TITLE						_
GRADE						_
ANNUAL RATE	\$2	24,920.00		\$27,040.00		4
HOURLY RATE		\$11.98		\$13.00		4
CLASS (Exempt, Non-Exempt)						\dashv
STATUS (FT, PT)						\dashv
SHIFT TIME						_
THE REASON FOR THE CH	ANGE(S)					
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OTHER (Explain) Successful	illy completed	Six Month Probation	onary Pendo	and has prove	II to be a	_
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AUTHORIZATION:						
RECOMMENDED BY DEPART	HENT HEAD			DATE		
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APPROVED BY HUMAN RESOL	IRCES MAN	AGER		DATE		+
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D		4.0		DATE 7/28	3/202.	J
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EMPLOYEE ACKNOWLEI	OGEMENT					
I have received a copy of the	Town of W	Authoville Day	hange For	rm and under	rstand that	ıt.
I have received a copy of the	IOWILOI W	bovo	mange i o	iii aiia aiiao	,	-
my hourly/yearly salary is as	indicated a	DOVE.			_ /	
Signature MA				$_{\text{oate}} 7/3$	0/21	
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