

TOWN OF WYTHEVILLE PAY CHANGE FORM

RECEIVED
10/15/18

from
R. Arn.

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 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):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$39,879.57	\$47,345.66
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) TWO YEAR ANNIVERSARY COMPLETED	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rich W. Arnold</i>	DATE Oct. 1, 2018
APPROVED BY THE TOWN MANAGER <i>C. Wayne Sutherland Jr.</i>	DATE 10-05-18
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shui L. Shotton</i>	DATE 10/5/18

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 *K.T. Blaine Grubb* Date 10/11/18

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
SLG

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 10/05/2017
EMPLOYEE NAME KENNETH TYLER BLAINE GRUBB		
EMPLOYEE NUMBER 1064	DATE HR CHANGED	will reflect on Oct. 20th check

✓ Key VRS after 11

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$35,410.32	\$39,097.62
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>ONE YEAR ANNIVERSARY COMPLETED</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Chris R W Arnold</i>	DATE 10/04/2017
APPROVED BY THE TOWN MANAGER <i>Clayton Suterhuber</i>	DATE 10-10-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L Shelton</i>	DATE 10/4/2017

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 *K.T. Blaine Grubb* Date 10/17/17

WN OF WYTHEVILLE PAY CHANGE FORM

5/19/16

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 5/10/16
EMPLOYEE NAME GARY O. GRUBB		
EMPLOYEE NUMBER 1170	DATE HR CHANGED	Will reflect on June 3 rd check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	71400	41400
<input checked="" type="checkbox"/> JOB TITLE	EQUIPMENT OPERATOR III	MAINTENANCE TECH II
<input checked="" type="checkbox"/> GRADE	4	6
<input checked="" type="checkbox"/> ANNUAL RATE	\$22,955.71	\$28,500.00
<input checked="" type="checkbox"/> HOURLY RATE	\$11.04	\$13.70
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)	Hourly	Salary
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Tommy Seagle</i>	DATE 05/10/2016
APPROVED BY THE TOWN MANAGER <i>Wayne Sinterland Jr</i>	DATE 05-10-16
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shelton</i>	DATE 5/10/16

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 *Gary O. Grubb* Date 5/11/16

TOWN OF WYTHEVILLE PAY CHANGE FORM

PS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <i>12/13/2020</i>
EMPLOYEE NAME KEVIN W. HACKLER		
EMPLOYEE NUMBER 136	DATE HR CHANGED	<i>Will reflect on 1/8/2021</i>

Check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	41400	41200
<input checked="" type="checkbox"/> JOB TITLE	BUILDING & SIGNALIZATION SUPERVISOR	STREET MAINT/CONSTRUCTION SUPERVISOR
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$45,090.29	\$55,000.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) DUE TO INCREASE IN RESPONSIBILITY WILL EVALUATE IN SIX MONTHS. IF HE HAS A SUCCESSFUL EVALUATION IN SIX MONTHS HIS ANNUAL SALARY WILL BE REVIEWED	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 11/19/2020
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 11/19/2020
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 12-2-2020

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 *Kevin Hackler* Date *12-11-2020*

TOWN OF WYTHEVILLE PAY CHANGE FORM

JS
ENTERED
 4/1/19

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 4/1/19
EMPLOYEE NAME Kevin W. Hackler		
EMPLOYEE NUMBER 136	DATE HR CHANGED	<i>Will reflect on 4/5/19 ck</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	42,709.25	43,990.53
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>See attachments</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD John Bishop <i>[Signature]</i>	DATE 3/28/19
APPROVED BY THE TOWN MANAGER Wayne Sutherland <i>[Signature]</i>	DATE 03-28-19
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT Sheri Shelton <i>[Signature]</i>	DATE 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.

Signature *Kevin Hackler* Date **3-28-19**

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
SJS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE Will reflect
EMPLOYEE NAME KEVIN W. HACKLER		ON May 19, 2017
EMPLOYEE NUMBER 136	DATE HR CHANGED	Check.

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	CREW LEADER	SUPERVISOR
<input checked="" type="checkbox"/> GRADE	7	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$37,581.00	\$39,096.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input checked="" type="checkbox"/> 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 <i>Tommy Seay</i>	DATE 5/15/17
APPROVED BY THE TOWN MANAGER <i>WWSG</i>	DATE 05-15-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shirley L. Shetter</i>	DATE 5/15/17

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 *Kevin Hackler* Date 5-15-17

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME KEVIN W. HACKLER		3/10/17 check
EMPLOYEE NUMBER 136	DATE HR CHANGED	will start on 01/02/17 check

ENTERED
JKS

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE	\$36,363.00	\$36,844.00
<input type="checkbox"/> HOURLY RATE		6 31,581.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

OK WSH

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) see attached Probation Evaluation	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Tommy Seagle</i>	DATE 12/15/2016
APPROVED BY THE TOWN MANAGER <i>WSH</i>	DATE 12-15-16
H. R. DEPT/ACKNOWLEDGEMENT OF RECEIPT <i>Shelley Shetter</i>	DATE 12/15/16

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 *Kevin Hackler* Date *12-15-16*

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
8/4/16

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 8/12/16 check
EMPLOYEE NAME PAM H. HALL		
EMPLOYEE NUMBER 284	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$31,880.34	\$35,888.11
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 07/19/2016
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 7/19/16

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 Pamela H. Hall Date 7-20-16

TOWN OF WYTHEVILLE PAY CHANGE FORM

BS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 5/14/2020		EFFECTIVE DATE 5/17/2020
EMPLOYEE NAME ABIGYAIL HARMAN		
EMPLOYEE NUMBER	DATE HR CHANGED	<i>Will reflect on 5/29/2020 check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		33400
<input type="checkbox"/> JOB TITLE		
<input checked="" type="checkbox"/> GRADE	FIREFIGHTER	FIREFIGHTER/EMT
<input checked="" type="checkbox"/> ANNUAL RATE	\$34,205	\$35,205
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD MARC BRADE <i>MB</i>	DATE 5/14/2020
APPROVED BY THE TOWN MANAGER <i>WSH</i>	DATE 05-18-20
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shetter</i>	DATE 05/19/2020

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 *Abigyail Harman* Date **05/20/2020**

TOWN OF WYTHEVILLE PAY CHANGE FORM

JRS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	8/24/2020	EFFECTIVE DATE	9/14/2020
EMPLOYEE NAME DAVE HARVEY			
EMPLOYEE NUMBER	1513	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	32100	
<input checked="" type="checkbox"/> JOB TITLE		Fire Fighter / Paramedic
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	20.00	\$41,000
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)	PT	FT
<input type="checkbox"/> SHIFT TIME		

10/2
Hourly

10/16
Salary

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) RESIGNATION OF FT FF/PARAMEDIC (AYERS)	
REPLACEMENT AND CHANGE FROM PART TIME TO FULL TIME	

VR5
eff. 10/1/20

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD MARC BRADE	<i>MJB</i>	DATE 8/24/2020
APPROVED BY HUMAN RESOURCES MANAGER <i>Shari L. Shelton</i>		DATE 8/25/2020
APPROVED BY TOWN MANAGER <i>Chris Mann</i>		DATE 8-25-20

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 *David H. [Signature]* Date 9/10/2020

TOWN OF WYTHEVILLE PAY CHANGE FORM

JS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 7/13/2020
EMPLOYEE NAME JOEL L. HASH, JR.		
EMPLOYEE NUMBER 9	DATE HR CHANGED	Reflect on 8/7/2020 <u>CK</u>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	DEPUTY CHIEF	CHIEF OF POLICE
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$65,865.51	\$84,000.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD	DATE
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE 6-30-20
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 06/30/2020

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 *Joel L. Hash* Date 7/14/2020

PLS
 ENTERED

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 6/26/19		EFFECTIVE DATE 6/26/19
EMPLOYEE NAME HASH, JR., JOEL LEE		
EMPLOYEE NUMBER 009	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	31100	N/C
<input checked="" type="checkbox"/> JOB TITLE	Deputy Chief	N/C
<input checked="" type="checkbox"/> GRADE	12	N/C
<input checked="" type="checkbox"/> ANNUAL RATE	\$59,259.03	\$64,259.03
<input type="checkbox"/> HOURLY RATE	N/A	N/A
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)	Exempt	N/C
<input checked="" type="checkbox"/> STATUS (FT, PT)	Full Time	N/C
<input checked="" type="checkbox"/> SHIFT TIME	Primarily Day Shift	N/C

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Chief R.W. Arnold</i>	DATE 6/25/19
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland</i>	DATE 6/25/19
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shetton</i>	DATE 6/27/19

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 <i>Joel Lee</i>	Date 6/27/19

TOWN OF WYTHEVILLE PAY CHANGE FORM

SJS
 **ENTERED**

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 6/8/2020		EFFECTIVE DATE
EMPLOYEE NAME KRISTOPHER HAYS		
EMPLOYEE NUMBER	DATE HR CHANGED	<i>Will reflect on 7/10/2020 CK</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		32100
<input checked="" type="checkbox"/> JOB TITLE	FIREFIGHTER	FIREFIGHTER/EMT
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$35,205	\$36,205
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>PREVIOUSLY CLEARED AS DRIVER, NOW COMPLETED EMT-B</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD MARC BRADE <i>[Signature]</i>	DATE 6/8/2020
APPROVED BY THE TOWN MANAGER <i>[Signature: Wayne Suckelmeier]</i>	DATE <i>06-08-20</i>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature: Sheri L. Shetter]</i>	DATE 6/8/2020

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 *[Signature: Kris Hays]* Date _____

TOWN OF WYTHEVILLE PAY CHANGE FORM

JS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 3/7/20
EMPLOYEE NAME KRISTOPHER HAYS		
EMPLOYEE NUMBER	DATE HR CHANGED	<i>Will reflect on 4/3/20 ck</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE		\$35,205
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input type="checkbox"/> OTHER (Explain) <u>CLEARANCE OF ENGINE DRIVER</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 3.12.20
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE 03-12-20
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 3/12/2020

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 *Kris Hays* Date **3-13-20**

TOWN OF WYTHEVILLE PAY CHANGE FORM

JS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 5/1/21		EFFECTIVE DATE 5/1/21
EMPLOYEE NAME JEFF HODGE		
EMPLOYEE NUMBER 1094	DATE HR CHANGED	<i>Will reflect on 5/14/21 Choc</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$48,617.57	\$50,000
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) ROLES & RESPONSIBILITY INCREASE	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD MARC BRADE <i>MJB</i>	DATE 4/2/21
APPROVED BY HUMAN RESOURCES MANAGER <i>Sheri L. Shelton</i>	DATE 4/6/2021
APPROVED BY TOWN MANAGER <i>Mark Ma...</i>	DATE 4-14-2021

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 *Jeff Hodge* Date **4-30-21**

TOWN OF WYTHEVILLE PAY CHANGE FORM

JKS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <u>Dec. 2, 2019</u>
EMPLOYEE NAME JEFFREY A. HODGE		
EMPLOYEE NUMBER 1094	DATE HR CHANGED	<u>CK date 12/13/19</u>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	FIREFIGHTER/ENGINEER	FIRE SERGEANT
<input checked="" type="checkbox"/> GRADE	08	10
<input checked="" type="checkbox"/> ANNUAL RATE	\$46,617.57	\$48,617.57
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input checked="" type="checkbox"/> SHIFT TIME	SHIFT CHANGES	STANDARD SCHEDULE

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <u>10-21-19</u>
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE <u>10-21-19</u>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE <u>10/21/19</u>

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 *Jeffrey A. Hodge* Date 11-26-19

TOWN OF WYTHEVILLE PAY CHANGE FORM

SJS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 8/30/2021
EMPLOYEE NAME MICHAEL R. HOLLIDAY		
EMPLOYEE NUMBER 1558	DATE HR CHANGED	Will reflect on 9/3/2021

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$24,920.00	\$26,520.00
<input checked="" type="checkbox"/> HOURLY RATE	\$11.98	\$12.75
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 8/30/2021
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 8/30/2021
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 8/30/2021

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 <u>Michael Holliday</u>	Date <u>8-30-2021</u>

TOWN OF WYTHEVILLE PAY CHANGE FORM

JHS
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <i>12/1/2020</i>
EMPLOYEE NAME Jeff Hooper		
EMPLOYEE NUMBER 830	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Web Designer/Computer Tech	Assistant Computer Operations Manager
<input checked="" type="checkbox"/> GRADE	10	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$45,618.95	\$58,000.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <i>10/26/2020</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <i>10/28/2020</i>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <i>10-28-2020</i>

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 *[Signature]* Date *10-28-20*

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <i>July 01, 2017</i>
EMPLOYEE NAME Jeff Hooper		
EMPLOYEE NUMBER 830	DATE HR CHANGED	

ENTERED
CSRS

7/6/17

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	38617.05	40741.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Steve Raul</i>	DATE <i>1/30/2017</i>
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland</i>	DATE <i>06-15-17</i>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shetter</i>	DATE <i>6/20/17</i>

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 *J. Hooper* Date *6-15-17*

TOWN OF WYTHEVILLE PAY CHANGE FORM

SJS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 6/23/21
EMPLOYEE NAME TAYLOR HYATT	
EMPLOYEE NUMBER	DATE HR CHANGED <i>Will reflect on 7/9/2021 Chec</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$35,205	\$36,205
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) COMPLETED ENGINE DRIVER INTERNSHIP	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>MB</i> MARC BRADE	DATE 6/23/2021
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L. Shelton</i>	DATE 6/24/2021
APPROVED BY TOWN MANAGER R. F.	DATE 6/29/2021

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 <i>Taylor Hyatt</i>	Date 7/9/21

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	12/16/2020	EFFECTIVE DATE	12/17/2020
EMPLOYEE NAME TAYLER HYATT			
EMPLOYEE NUMBER	DATE HR CHANGED	Jan. 1, 2021	

FT
Hire Da:

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		33400
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		\$35,205
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)	PART TIME	FULL TIME
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input checked="" type="checkbox"/> TRANSFER FROM <u>PT to FT</u>	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input type="checkbox"/> OTHER (Explain) <u>REPLACEMENT VIA HENSLEY</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD MARC BRADE	DATE 12/16/2020
APPROVED BY HUMAN RESOURCES MANAGER <i>Shari L. Shetto</i>	DATE 12/16/2020
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 12-14-2020

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 *Taylor Hyatt* Date 1/1/21

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
8/3/18
JH

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME CRYSTAL B. HYLTON		
EMPLOYEE NUMBER 607	DATE HR CHANGED	(8/10/18 Check)

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$54,750.54	\$56,750.54
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) CRYSTAL HAS SUCCESSFULLY COMPLETED HER SIX MONTH PROMOTION PROBATIONARY PERIOD, SEE ATTACHED.	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rick Showalter</i>	DATE 7-19-18
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland</i>	DATE 07-26-18
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shelton</i>	DATE 7/26/18

EMPLOYEE ACKNOWLEDGEMENT

I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/weekly salary is as indicated above.

Signature *Crystal B. Hylton* Date **8-7-18**

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 1-15-18
EMPLOYEE NAME CRYSTAL B. HYLTON		
EMPLOYEE NUMBER 607	DATE HR CHANGED	Will reflect on 1/26/18 check Back

ENTERED
KS

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	RECREATION SERVICES COORDINATOR	ASSISTANT RECREATION DIRECTOR
<input checked="" type="checkbox"/> GRADE	08	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$44,070.02	\$53,677.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

Change
VRS aft
1/26/18

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rick Howard</i>	DATE 11/30/17
APPROVED BY THE TOWN MANAGER <i>Wayne Summerhail</i>	DATE 12-07-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shirley L. Shelton</i>	DATE 12/7/17

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 *Crystal B. Hylton* Date 1-10-18

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME REBECCA "BECKY" IRVIN		
EMPLOYEE NUMBER 1010	DATE HR CHANGED	will reflect on 11/24/21 check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$38,873.24	\$40,373.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rick Howaltz</i>	DATE 11/17/21
APPROVED BY HUMAN RESOURCES MANAGER <i>Shari L. Shelton</i>	DATE 11/17/2021
APPROVED BY TOWN MANAGER <i>BT</i>	DATE 11/17/2021

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 *Rebecca Irvin* Date 11/19/21

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
JRS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 3/16/18
EMPLOYEE NAME REBECCA "BECKY" IRVIN		
EMPLOYEE NUMBER 1010	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$32,500.00	\$34,500.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) BECKY HAS SUCCESSFULLY COMPLETED HER SIX MONTH PROBATION.	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rich Shoultz</i>	DATE 3/16/18
APPROVED BY THE TOWN MANAGER <i>Wayne S. ...</i>	DATE 03-16-18
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shirley L. Shelton</i>	DATE 3/16/18

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 <i>Becky Irvin</i>	Date 3-19-18

TOWN OF WYTHEVILLE PAY CHANGE FORM



TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 10/23/2017
EMPLOYEE NAME REBECCA "BECKY" IRVIN		
EMPLOYEE NUMBER 1010	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	AEROBIC INSTRUCTOR	FITNESS COORDINATOR
<input checked="" type="checkbox"/> GRADE		8
<input checked="" type="checkbox"/> ANNUAL RATE	\$13.53	\$32,500.00
<input type="checkbox"/> HOURLY RATE		
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		NON-EXEMPT
<input checked="" type="checkbox"/> STATUS (FT, PT)	PT	FT
<input type="checkbox"/> SHIFT TIME		VARIES

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) FROM PT TO FT - DUE TO JOB OPENING FULL-TIME FITNESS COORDINATOR	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rick Showalter</i>	DATE 10/20/2017
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland</i>	DATE 11-01-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shetter</i>	DATE 10/20/2017

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 *R. Irvin* Date 11-1-17

TOWN OF WYTHEVILLE PAY CHANGE FORM

JS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME KRISTI H. JACKSON		
EMPLOYEE NUMBER 753	DATE HR CHANGED	<i>Will reflect on 7/10/2020 CK</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$44,500.00	<i>47,000</i>
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>WJG</i>	DATE <i>06-30-20</i>
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland</i>	DATE <i>06-30-20</i>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shetter</i>	DATE <i>06/30/2020</i>

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 *Kristi H. Jackson* Date *6/30/2020*

TOWN OF WYTHEVILLE PAY CHANGE FORM

SJS 10/25/19
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 11/1/19 check
EMPLOYEE NAME KRISTI H. JACKSON		
EMPLOYEE NUMBER 753	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	11020	12710
<input checked="" type="checkbox"/> JOB TITLE	DEPUTY CLERK/TOWN MANAGER'S OFFICE	H.R. ASSISTANT/PAYROLL TECHNICIAN
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$43,240.69	\$44,500.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input checked="" type="checkbox"/> TRANSFER FROM 11020	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
<input type="checkbox"/> OTHER (Explain) <u>Per 2.5 Hiring - Personnel Ord.</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Sheri L. Shelton</i>	DATE 9/6/19
APPROVED BY THE TOWN MANAGER <i>C. Wayne Smith</i>	DATE 09-06-19.
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shelton</i>	DATE 9/6/19

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 *Kristi H. Jackson* Date 9/11/19

TOWN OF WYTHEVILLE PAY CHANGE FORM

033
ENTERED
21 SW

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	9/16/2020	EFFECTIVE DATE	9/18/2020
EMPLOYEE NAME Brandi N. Jones			
EMPLOYEE NUMBER	636	DATE HR CHANGED	10/16/2020 check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Deputy Clerk	Chief Deputy Clerk
<input checked="" type="checkbox"/> GRADE	10	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$43,240.60	\$48,240.60
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Sharon A. Cain</i>	DATE 9/16/2020
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L. Skelton</i>	DATE 9/23/2020
APPROVED BY TOWN MANAGER <i>Mark Mann</i>	DATE 9-17-20

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 *Brandi N. Jones* Date 10/13/20

TOWN OF WYTHEVILLE PAY CHANGE FORM

JR ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <i>April 2, 2021</i> <i>check</i>
EMPLOYEE NAME Jones, Josh Allen	
EMPLOYEE NUMBER 1509	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Police Officer	Police Corporal
<input checked="" type="checkbox"/> GRADE	09	10
<input checked="" type="checkbox"/> ANNUAL RATE	\$39,288.00	\$53,329.25
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Paul Z. Hark</i>	DATE <i>3/5/2021</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L. Shelton</i>	DATE <i>3/10/2021</i>
APPROVED BY TOWN MANAGER <i>Mark ...</i>	DATE <i>3-10-2021</i>

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 *Josh Allen* Date *3-11-21*

TOWN OF WYTHEVILLE PAY CHANGE FORM

WAS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <i>12/1/2020</i>
EMPLOYEE NAME Ron Jude	
EMPLOYEE NUMBER 605	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Computer Tech/Info Systems Spec	Computer Operations Manager
<input checked="" type="checkbox"/> GRADE	10	14
<input checked="" type="checkbox"/> ANNUAL RATE	\$45,618.95	\$64,000
<input type="checkbox"/> HOURLY RATE		
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)	Non-exempt	Exempt
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <i>10/26/2020</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <i>10/28/2020</i>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <i>10-28-2020</i>

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 *Ronald A. Jude* Date *10/26/2020*

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <i>July 01 2017</i>
EMPLOYEE NAME Ron Jude	
EMPLOYEE NUMBER 605	DATE HR CHANGED

PAID
SAS
7/6/17

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	38617.05	40741.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Steve Ides</i>	DATE <i>1/30/2017</i>
APPROVED BY THE TOWN MANAGER <i>C. Wayne Sinker</i>	DATE <i>06-15-17</i>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shetter</i>	DATE <i>6/20/17</i>

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 *Ronald Ray Jude* Date *6-15-17*

TOWN OF WYTHEVILLE PAY CHANGE FORM

CKS
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <i>6/11/2021</i>
EMPLOYEE NAME TONY R. KEEN		
EMPLOYEE NUMBER 556	DATE HR CHANGED	<i>Will reflect on 6/11/21 CK</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	CHIEF OPERATOR I	WASTEWATER TREATMENT SUPERINTENDENT
<input checked="" type="checkbox"/> GRADE	12	13
<input checked="" type="checkbox"/> ANNUAL RATE	\$52,786.58	\$58,000.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <i>6/3/2021</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <i>6/3/2021</i>
APPROVED BY TOWN MANAGER <i>B.F.</i>	DATE <i>6/3/2021</i>

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 *Tony R. Keen* Date *6-4-21*

TOWN OF WYTHEVILLE PAY CHANGE FORM

175
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 01/13/2020
EMPLOYEE NAME TONY R. KEEN	
EMPLOYEE NUMBER 556	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	46700	46200
<input checked="" type="checkbox"/> JOB TITLE	PRETREATMENT ADM/DIR CCTV & BT MT.	CHIEF OPERATOR
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input checked="" type="checkbox"/> TRANSFER FROM <u>PRE-TREATMENT</u>	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input type="checkbox"/> OTHER (Explain) _____ _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>E. Bruce Hall</i>	DATE 1/14/2020
APPROVED BY THE TOWN MANAGER <i>C. Wayne Summerhield Jr.</i>	DATE 01-14-20
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shelton</i>	DATE 01/14/2020

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 Tony R. Keen Date 1-14-2020

TOWN OF WYTHEVILLE PAY CHANGE FORM

LS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 2/27/2020
EMPLOYEE NAME DEANA R. KELLEY	
EMPLOYEE NUMBER 997	DATE HR CHANGED Will reflect on 3/16/2020 paycheck

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input checked="" type="checkbox"/> GRADE	11	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$48,154.01	\$57,000.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) SEE ATTACHED	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Debra He Jude</i>	DATE 02/27/2020
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherlin</i>	DATE 02-27-20
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shelton</i>	DATE 2/27/2020

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 *Deana R. Kelley* Date 2/27/20

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.

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
3/2/17

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME Deana Kelley		
EMPLOYEE NUMBER 997	DATE HR CHANGED	Will reflect on March 10th check.

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input checked="" type="checkbox"/> GRADE	10	11
<input checked="" type="checkbox"/> ANNUAL RATE	39,504.60	43,005.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>George J. Jude</i>	DATE 2/16/2017
APPROVED BY THE TOWN MANAGER <i>W.S.O.</i>	DATE 02-22-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shelton</i>	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 *Deana R. Kelley* Date **2/24/17**

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 tradeshow, 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.

TOWN OF WYTHEVILLE PAY CHANGE FORM

OKS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE
EMPLOYEE NAME Tanner Kincer	
EMPLOYEE NUMBER 1528	DATE HR CHANGED Will reflect on 11/24/21 CK

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	71400	41400
<input checked="" type="checkbox"/> JOB TITLE	Laborer I	Signilization/Maintenance Tech III
<input checked="" type="checkbox"/> GRADE	04	05
<input checked="" type="checkbox"/> ANNUAL RATE	\$27,040	\$29,120
<input checked="" type="checkbox"/> HOURLY RATE	\$13.00	\$12.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)	<i>from Hourly</i>	<i>to Salaried</i>
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 10-28-2021
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 11/8/2021
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 11/8/2021

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 *Tanner Kincer* Date **11/17/2021**

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 8/8/2021
EMPLOYEE NAME Tanner Kincer		
EMPLOYEE NUMBER 1528	DATE HR CHANGED	Will reflect on 8/20/2021 Check

THE CHANGE(S):



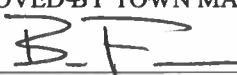
<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$24,398	\$27,040
<input checked="" type="checkbox"/> HOURLY RATE	\$11.73	\$13.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

1.27

THE REASON FOR THE CHANGE(S):


<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 8-3-21
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 8/4/2021
APPROVED BY TOWN MANAGER 	DATE 8-3-21

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  Date **8/4/2021**

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: Jason Luttrell

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. Tanner 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: Jason Luttrell

DATE: 8/2/21

This form must be routed and signed by the personnel below before meeting with the employee.

	Date	Signatures	
Routing	<u>8-2-21</u>	<u>[Signature]</u>	Department Head
	<u>8/2/2021</u>	<u>[Signature]</u>	HR Manager

EMPLOYEE ACKNOWLEDGEMENT

I have received a copy of my Six-Month Promotion Probation Employee Evaluation Form

Signature [Signature] Date 8/4/21

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?
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.

TOWN OF WYTHEVILLE PAY CHANGE FORM

PLS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME Shane King		
EMPLOYEE NUMBER 730	DATE HR CHANGED	Nov. 24th Check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE	42,500	44,700
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 11/15/2021
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 11/15/2021
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 11/15/2021

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 *[Signature]* Date **11-24-21**

TOWN OF WYTHEVILLE PAY CHANGE FORM

JTS **ENTERED**

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 6/1/21
EMPLOYEE NAME BRADLEY SHANE KING		
EMPLOYEE NUMBER 730	DATE HR CHANGED	Will reflect on 6/11/21 <i>check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	WASTEWATER TREATMENT OPERATOR II	CHIEF OPERATOR
<input checked="" type="checkbox"/> GRADE	10	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$38,485.60	\$41,500.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 6/3/2021
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 6/3/2021
APPROVED BY TOWN MANAGER <i>B-F</i>	DATE 6/3/2021

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 *[Signature]* Date 6-8-21

TOWN OF WYTHEVILLE PAY CHANGE FORM

ESD

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 01/01/17
EMPLOYEE NAME B. SHANE KING		
EMPLOYEE NUMBER 730	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE	\$33,369.33	\$34,370.41
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>B. Tom Allen</i>	DATE 12/16/2016
APPROVED BY THE TOWN MANAGER <i>WSP</i>	DATE 12-20-16
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shelton</i>	DATE 12/27/2016

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 *Shane King* Date **1-3-17**

TOWN OF WYTHEVILLE PAY CHANGE FORM

11/13/19
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE Will reflect on 11/27/19 Check
EMPLOYEE NAME ROBERT P. KRUNICH		
EMPLOYEE NUMBER 1126	DATE HR CHANGED	




THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	WATER TREATMENT CHIEF OPERATOR I	WATER TREATMENT SUPERINTENDENT
<input checked="" type="checkbox"/> GRADE	12	13
<input checked="" type="checkbox"/> ANNUAL RATE	\$57,633.19	\$59,550.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

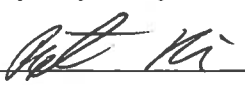
<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 11/5/2019
APPROVED BY THE TOWN MANAGER 	DATE 11-06-19
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT 	DATE 11/06/19

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  Date 11/13/19

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME ROBERT "ROBBY" KRUNICH		
EMPLOYEE NUMBER 1126	DATE HR CHANGED	PKS

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$43,930.00	\$52,500.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

Will reflect @
3/23/18 CK

Change VRS
after
3/23/18 C1

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 3/13/2018
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE 02-14-18
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 3/13/18

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 *[Signature]* Date 3-14-18

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE
EMPLOYEE NAME ROBERT "ROBBIE" KRUNICH	10/04/2017
EMPLOYEE NUMBER 1126	DATE HR CHANGED will reflect on Oct. 20th check

PAID
10/10/17

Key vrs
after 10/20
cic

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	CHIEF OPERATOR I/WATER TREATMENT OPER II	CHIEF OPERATOR I/WATER TREATMENT OPER I
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$40,675.56	\$43,930.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

PAID
10/24/17
SJS

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____	UNTIL _____
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) SUCCESSFULLY PASSED THE VA BOARD FOR WATERWORKS & WASTEWATER WORKS OPERATORS & ONSITE SEWAGE SYSTEM PROFESSIONALS VA WATERWORKS OPERATOR CLASS 1 EXAM	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>B. Tom</i>	DATE 10/09/2017
APPROVED BY THE TOWN MANAGER <i>C. Wayne Sutherland</i>	DATE 10-10-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shelton</i>	DATE 10/9/17

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 *Robbie Krunich* Date 10-12-17

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
SLS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 05/04/17
EMPLOYEE NAME ROBERT "ROBBIE" KRUNICH		
EMPLOYEE NUMBER 1126	DATE HR CHANGED	will begin with 05/19/17 check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$38,329.00	\$39,878.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

VRS
will
change
date in
June
2017.

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>Robbie was promoted to Chief Operator WTP on November 1, 2016 and has successfully completed his Six Month Probationary Period and is doing a great job. He goes above and beyond his duties.</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 5/11/2017
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE 5/12/2017
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 5/11/2017

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 *[Signature]* Date 5-15-17

TOWN OF WYTHEVILLE PAY CHANGE FORM



TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 11/01/16
EMPLOYEE NAME ROBBY KRUNICH	
EMPLOYEE NUMBER 1126	DATE HR CHANGED will reflect on 11/4/16 check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	WATER TREATMENT OPERATOR II	CHIEF OPERATOR
<input checked="" type="checkbox"/> GRADE	10	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$32,640.00	\$38,329.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>B. Brian Powell</i>	DATE 10/26/16
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland Jr</i>	DATE 10-31-16
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shetter</i>	DATE 10/31/16

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 *Rob Krunic* Date **11-2-16**

TOWN OF WYTHEVILLE PAY CHANGE FORM

SPS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <i>April 2, 2021 Check</i>
EMPLOYEE NAME Lackey, Johnathan David		
EMPLOYEE NUMBER 1277	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Police Corporal	Police Sergeant
<input type="checkbox"/> GRADE	<i>↗</i> \$53,329.25	<i>↗</i> \$55,702.23
<input checked="" type="checkbox"/> ANNUAL RATE	<i>↘</i> 10	<i>↘</i> 10
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Joel Z. Hark</i>	DATE <i>3/5/2021</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>Sherril L. Shelton</i>	DATE <i>3/10/2021</i>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <i>3-10-2021</i>

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 D. Lackey* Date *03/12/21*

TOWN OF WYTHEVILLE PAY CHANGE FORM

JLS
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <i>4/3/2020</i>
EMPLOYEE NAME JOHNATHAN D. LACKEY		
EMPLOYEE NUMBER 1277	DATE HR CHANGED	<i>will reflect on 5/1/2020 check</i>

per J. Claypool

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	POLICE OFFICER	POLICE CORPORAL
<input checked="" type="checkbox"/> GRADE	09	10
<input checked="" type="checkbox"/> ANNUAL RATE	\$50,955.76	\$53,329.25
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Joel Z. Hall</i>	DATE <i>3/24/2020</i>
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland Jr</i>	DATE <i>03-24-20</i>
H. R. DEPT ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shelton</i>	DATE <i>03/24/2020</i>

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 D. Lackey* Date *03-31-2020*

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
JPS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 02/01/2018
EMPLOYEE NAME JOHNATHAN D. LACKEY	
EMPLOYEE NUMBER 1277	DATE HR CHANGED Will reflect on 2/23/18

check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$39,097.62	\$41,909.58 \$46,417.31
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

Corrected JPS

417.31
beneficial
amount

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input checked="" type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) JOHN HAS SUCCESSFULLY COMPLETED HIS TWO YEAR WORK ANNIVERSARY.	

was
on
March
check

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Ricky W. Arnold</i>	DATE 2/14/18
APPROVED BY THE TOWN MANAGER <i>C.W. Sutherland Jr. / JPS</i>	DATE 2/14/18
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari R. Sutherland</i>	DATE 2/14/18

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 D. Lackey* Date 02-23-18

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
SLS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 02/01/17
EMPLOYEE NAME JOHNATHAN D. LACKEY		
EMPLOYEE NUMBER 1277	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$34,716.72	\$38,331.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>ONE YEAR ANNIVERSARY SUCCESSFULLY COMPLETED</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Chief Keith W. Arnold</i>	DATE 02/01/2017
APPROVED BY THE TOWN MANAGER <i>WJG</i>	DATE 02-22-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shetter</i>	DATE 2/1/17


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.

Signature *John D. Lackey* Date **03-06-2017**

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME JOHNATHAN D. LACKEY		
EMPLOYEE NUMBER 1277	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		31100
<input checked="" type="checkbox"/> JOB TITLE		POLICE OFFICER
<input checked="" type="checkbox"/> GRADE		9
<input checked="" type="checkbox"/> ANNUAL RATE		\$34,036.00
<input type="checkbox"/> HOURLY RATE		
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		NON-EXEMPT
<input checked="" type="checkbox"/> STATUS (FT, PT)		FT
<input checked="" type="checkbox"/> SHIFT TIME		VARIES

THE REASON FOR THE CHANGE(S):

<input checked="" type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Chief Ricky W. Arnold</i>	DATE 01/12/16
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland</i>	DATE 01/12/16
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shetter</i>	DATE 01/12/16

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 D. Lackey* Date *01-15-2016*

JS → ENTERED

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 5/1/21	EFFECTIVE DATE 5/1/21
EMPLOYEE NAME EVERETT LINEBERRY	
EMPLOYEE NUMBER 1482	DATE HR CHANGED <i>Will reflect on 5/14/21 Check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	DIVISION CHIEF	ASSISTANT CHIEF
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$63,000	\$70,000
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) ROLES & RESPONSIBILITY INCREASE	
ASSISTANT CHIEF PROMOTION	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD MARC BRADE <i>MB</i>	DATE 4/2/21
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L Shelton</i>	DATE 4/6/2021
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 4-14-2021

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 *[Signature]* Date **4/29/2021**

TOWN OF WYTHEVILLE PAY CHANGE FORM

JS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME Tina Lonardo-Henley		
EMPLOYEE NUMBER 1408	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$29,725.00	\$31,725.00 <input checked="" type="checkbox"/>
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>Additional duties added to position</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 8/29/2019
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE 08-29-19
H. R. DEPT ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 8/29/19

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 *Tina L. Henley* Date 9-9-19

TOWN OF WYTHEVILLE PAY CHANGE FORM

J/S 4/26/19


TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <i>5/1/2019</i>
EMPLOYEE NAME Tina Lonardo-Henley	
EMPLOYEE NUMBER 1408	DATE HR CHANGED <i>5/3/2019 Pay Check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	44200	44200
<input checked="" type="checkbox"/> JOB TITLE	Meeting Services Scheduler	Meeting Services Scheduler
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$27,000	\$29,000
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)	Non-Exempt	Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)	FT	FT
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>Successfully completed six month probationary period. See attached.</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rosa De Jude</i>	DATE 4/24/2019
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland Jr</i>	DATE <i>04-26-19</i>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shetter</i>	DATE 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 *Tina 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. *Tina quickly caught*

on to the job requirements and consistently performs above the standard. Her willingness to learn new tasks makes her a valuable asset to our overall department. Her friendly personality positively adds morale and a team-like environment. She is reliable, and her attendance record is outstanding.

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.

	Date	Signatures	
Routing	<u>4/24/2019</u>	<u>[Signature]</u>	Department Head
	<u>4/29/2019</u>	<u>[Signature]</u>	HR Manager

EMPLOYEE ACKNOWLEDGEMENT

I have received a copy of my Six-Month Probation Evaluation Form

Signature Tina L Henley 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?
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.

TOWN OF WYTHEVILLE PAY CHANGE FORM

SJS
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 9/4/2021
EMPLOYEE NAME Jason Luttrell		
EMPLOYEE NUMBER 546	DATE HR CHANGED	<i>Will reflect on 10/1/21 check</i>



THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$45,652.00	\$50,000
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

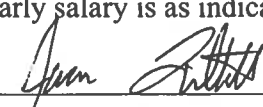
<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 9-15-2021
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 9/15/2021
APPROVED BY TOWN MANAGER TB-F	DATE 9/15/2021

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  Date **9/17/21**

TOWN OF WYTHEVILLE PAY CHANGE FORM

PAID
JSS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 11/1/17
EMPLOYEE NAME JASON LUTTRELL	
EMPLOYEE NUMBER 546	DATE HR CHANGED Will reflect on 11/17 check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	CREW LEADER - CEMETARY	SUPERVISOR - CEMETARY
<input checked="" type="checkbox"/> GRADE	7	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$35,496.00	\$40,675.00
<input type="checkbox"/> HOURLY RATE	\$17.07	
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)	HOURLY	SALARY - NON-EXEMPT
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

VRS deduction will change starting with 12/1/17 check

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Tommy Scayla</i>	DATE 11-1-17
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland Jr</i>	DATE 11-01-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shirley L. Shelton</i>	DATE 11/1/17

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.

Signature *Jason Luttrell* Date 11/13/17

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <i>2/16/17</i>
EMPLOYEE NAME JASON LUTTRELL	
EMPLOYEE NUMBER 546	DATE HR CHANGED <i>Will reflect on 3/10/2017</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$32,764.23	\$34,800.00
<input checked="" type="checkbox"/> HOURLY RATE	\$15.75	\$16.73
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Lorray Seagle</i>	DATE <i>2/16/17</i>
APPROVED BY THE TOWN MANAGER <i>C Wayne Stumhardt</i>	DATE <i>02-16-17</i>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shirley A. Shelton</i>	DATE <i>2/16/17</i>

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 *Jason Luttrell* Date *2/16/17*

TOWN OF WYTHEVILLE PAY CHANGE FORM

JKS 12/13/21


TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 12/2/2021
EMPLOYEE NAME David Manley		
EMPLOYEE NUMBER 1184	DATE HR CHANGED	12/22/21 Check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$92,000	\$100,000
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____	UNTIL _____
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>David A Kause</i> <small>David A Kause (Dec 3, 2021 10:04 EST)</small>	DATE 12/3/2021
Joint IDA Chairman	
APPROVED BY HUMAN RESOURCES MANAGER <i>Sheri L. Shelton</i>	DATE 12/3/2021
APPROVED BY TOWN MANAGER <i>B. F. F.</i>	DATE 12-3-2021

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 *David Manley* Date 12/3/2021

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: June 25, 2021		EFFECTIVE DATE 7/1/2021
EMPLOYEE NAME David Manley		SRS ENTERED
EMPLOYEE NUMBER 1184	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	85304	92000
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <u>David A Kause</u> <small>David A Kause (Jun 24, 2021 21:33 EDT)</small>	DATE June 25, 2021
APPROVED BY HUMAN RESOURCES MANAGER <u>Sheri L. Shetter</u>	DATE 6/25/2021
APPROVED BY TOWN MANAGER <u>B. Fr</u>	DATE 6/29/2021

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 <u>David Manley</u>	Date June 25, 2021

TOWN OF WYTHEVILLE PAY CHANGE FORM

JRS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	4/2/2021	EFFECTIVE DATE 5/1/2021
EMPLOYEE NAME	ANTHONY MARSHALL	
EMPLOYEE NUMBER	1495	DATE HR CHANGED Will reflect on 5/14/21 check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$35,205	\$37,205
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) COMPLETED DPO & AERIAL INTERNSHIPS	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD MARC BRADE	<i>MJB</i>	DATE 4/2/21
APPROVED BY HUMAN RESOURCES MANAGER <i>Shari L. Shetta</i>		DATE 4/6/2021
APPROVED BY TOWN MANAGER <i>Chris...</i>		DATE 4-14-2021

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 *Anthony Marshall* Date 4/30/21

TOWN OF WYTHEVILLE PAY CHANGE FORM

SS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 02/09/2021
EMPLOYEE NAME JAMES A. MARSHALL, JR.	
EMPLOYEE NUMBER 1200	DATE HR CHANGED will reflect on March 5, 2021 check

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	43700	41400
<input checked="" type="checkbox"/> JOB TITLE	SUPERVISOR - BUILDING MAINTENANCE	SUPERVISOR - BUILDING MAINT/TRAFFIC SIGNALS
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$44,205.69	\$54,205.69
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input checked="" type="checkbox"/> TRANSFER FROM 43700	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) Supervisor-Traffic Signal Job was posted internally, James was only applicant Restructure of Dept. - Combining Supervisor Building & Maint. w/Supervisor -Traffic Signals	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 2-9-2021
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 2/9/2021
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 2-10-2021

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 *[Signature]* Date 02/11/21

TOWN OF WYTHEVILLE PAY CHANGE FORM

PS

 4/1/19

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <u>4/1/19</u>
EMPLOYEE NAME James A. Marshall	
EMPLOYEE NUMBER <u>1200</u>	DATE HR CHANGED <u>Will reflect on 4/5/19 check</u>




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	41,871.36	43,127.50
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

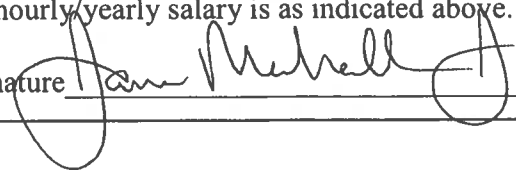
<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>SEE ATTACHMENTS</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD John Bishop 	DATE <u>3/28/19</u>
APPROVED BY THE TOWN MANAGER Wayne Sutherland 	DATE <u>03-28-19</u>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT Sheri Shelton 	DATE <u>3/28/19</u>

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  Date 04/01/2019

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,

A handwritten signature in black ink, appearing to read "John Bishop". The signature is stylized with a large, looped initial "J" and "B".

John Bishop

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME JAMES A. MARSHALL, JR.		INTEREST SRS
EMPLOYEE NUMBER 1200	DATE HR CHANGED	<i>Will reflect on May 19, 2017 check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$36,841.00	\$38,329.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>James has successfully completed his Six Month Promotion Probationary period as a supervisor</u> <u>he has also obtained his Electrical Certificate and Plumbing Certificate. James has done a very good job supervising.</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Tommy Seagle</i>	DATE <i>5/15/17</i>
APPROVED BY THE TOWN MANAGER <i>WJH</i>	DATE <i>05-15-17</i>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shelton</i>	DATE <i>5/15/17</i>

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 *James Marshall* Date *05/15/17*

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 11/03/2016
EMPLOYEE NAME JAMES A. MARSHALL, JR.	
EMPLOYEE NUMBER 1200	DATE HR CHANGED will reflect on 11/18 check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	72800	43700
<input checked="" type="checkbox"/> JOB TITLE	GROUNDSKEEPER/BUILDING MAINTENANCE	SUPERVISOR
<input checked="" type="checkbox"/> GRADE	6	12
<input checked="" type="checkbox"/> ANNUAL RATE	\$24,345.36	\$36,841.00
<input checked="" type="checkbox"/> HOURLY RATE	\$11.70	SALARY
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

Handwritten: 11/18/16 SPS Keyed

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

Handwritten: Change VRS Salary after 11/18/16 check

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Tommy Seagle</i>	DATE 11/03/2016
APPROVED BY THE TOWN MANAGER <i>AWG</i>	DATE 11/03/2016
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shirley L. Shelton</i>	DATE 11/03/2016

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 *James Marshall Jr* Date 11/03/2016

TOWN OF WYTHEVILLE PAY CHANGE FORM

SRS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME LAURA P. MARTIN		
EMPLOYEE NUMBER 944	DATE HR CHANGED	<i>Will reflect on 8/6/2021</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	INFORMATION & FACILITY SPEC.	FACILITY SERVICES SPECIALIST
<input checked="" type="checkbox"/> GRADE	06	07
<input checked="" type="checkbox"/> ANNUAL RATE	\$28,726.23	\$30,373.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

*Aug
VRS*

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>CHANGE IN JOB TITLE, CHANGE RESPONSIBILITIES & CHANGE IN GRADE</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rosa Lee Wade</i>	DATE <i>7/28/2021</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>Sherril Shelton</i>	DATE <i>7/28/2021</i>
APPROVED BY TOWN MANAGER <i>B. F.</i>	DATE <i>7/28/2021</i>

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 *Laura P. Martin* Date *7/30/21*

TOWN OF WYTHEVILLE PAY CHANGE FORM

JAS
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <i>2/7/2021</i>
EMPLOYEE NAME Todd S. Mathews	
EMPLOYEE NUMBER 1037	DATE HR CHANGED <i>Will reflect on 3/5/21 check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Police Officer	Police Corporal
<input checked="" type="checkbox"/> GRADE	09	10
<input checked="" type="checkbox"/> ANNUAL RATE	\$50,955.76	\$53,329.25
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Joel Z. Hark</i>	DATE <i>1/21/2021</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>Shari L. Shelton</i>	DATE <i>1/22/2021</i>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <i>1-25-2021</i>

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 *Todd S. Mathews* Date *1/25/2021*

TOWN OF WYTHEVILLE PAY CHANGE FORM

SJS 12/13/21
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 12-2-2021
EMPLOYEE NAME John Matthews		
EMPLOYEE NUMBER 1219	DATE HR CHANGED	12/22/21 Check




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$55,500	\$60,500
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):


<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input checked="" type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 12-3-2021
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 12/3/2021
APPROVED BY TOWN MANAGER 	DATE 12-3-2021

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  Date Dec 3, 2021

John Matthews (Dec 3, 2021 09:29 EST)

TOWN OF WYTHEVILLE PAY CHANGE FORM

JRS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 12/4/2020	EFFECTIVE DATE 12/7/2020
EMPLOYEE NAME John R. Matthews	
EMPLOYEE NUMBER	DATE HR CHANGED Will begin on 12/11/2020 <i>Check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Associate Director	Deputy Director
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$48,928.64	\$51,328.64
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>Approved by Joint IDA Board of Directors at December 3, 2020 meeting.</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 12/4/2020
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 12/4/2020
APPROVED BY TOWN MANAGER	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 *[Signature]* Date 12/10/2020

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
JLS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 02/16/2017
EMPLOYEE NAME CHARLES E. MILLER	
EMPLOYEE NUMBER 1223	DATE HR CHANGED will reflect on 2/24/17 check

BT
ENTERED
02/16/17
JLS

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$35,411.34	\$41,632.85
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>HAS SUCCESSFULLY COMPLETED TWO YEAR ANNIVERSARY</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Chief Roy A. Arnold</i>	DATE 02/09/2017
APPROVED BY THE TOWN MANAGER <i>MSG</i>	DATE 02-22-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shari L. Shelton</i>	DATE 2/9/17

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 *Charles Miller* Date 2/27/17 ^{CEM}

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 02/16/2016
EMPLOYEE NAME CHARLES E. MILLER		
EMPLOYEE NUMBER 1223	DATE HR CHANGED <i>here</i>	Will be reflected on 3/11/16

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$31,444.56	\$34,717.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

Should have been at 3/11/16 on check \$125.86 T-code on 3/25/16

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input checked="" type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) CHARLES HAS SUCCESSFULLY COMPLETED HIS ONE YEAR ANNIVERSARY AS A FIREFIGHTER/ENGINEER.	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 2/9/16
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE 02-09-16
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 2/9/16

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 *[Signature]* Date 2-10-16

613-6997

SJS
ENTERED

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <u>5/24/2021</u>
EMPLOYEE NAME Philip P. Moore	
EMPLOYEE NUMBER <u>1079</u>	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		4700
<input type="checkbox"/> JOB TITLE		Water Treatment Operator Class I
<input type="checkbox"/> GRADE		11
<input type="checkbox"/> ANNUAL RATE		\$48,600
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		NON-EXEMPT
<input type="checkbox"/> STATUS (FT. PT)		FT
<input type="checkbox"/> SHIFT TIME		Varies

THE REASON FOR THE CHANGE(S):

<input checked="" type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCIPLINE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <u>Jack Slato</u>	DATE 4/16/21
APPROVED BY HUMAN RESOURCES MANAGER <u>Shere Shelton / egl</u>	DATE 4/16/2021
APPROVED BY TOWN MANAGER <u>[Signature]</u>	DATE 4-20-2021

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 Philip P. Moore Date 4-28-2021

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 09/13/2021
EMPLOYEE NAME AMY F. MULLINS		
EMPLOYEE NUMBER 771	DATE HR CHANGED	<i>SRS</i> ENTERED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	INFORMATION DESK SPECIALIST	VISITOR SERVICES MANAGER
<input checked="" type="checkbox"/> GRADE		08
<input checked="" type="checkbox"/> ANNUAL RATE		\$28,621.00
<input checked="" type="checkbox"/> HOURLY RATE	\$9.50	
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		NON-EXEMPT
<input checked="" type="checkbox"/> STATUS (FT, PT)	PT	FT
<input checked="" type="checkbox"/> SHIFT TIME		VARIES

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input checked="" type="checkbox"/> TRANSFER FROM PART-TIME	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input type="checkbox"/> OTHER (Explain) _____ _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Anna Joe Job</i>	DATE 8/20/2021
APPROVED BY HUMAN RESOURCES MANAGER <i>Sheri L. Shetter</i>	DATE 8/20/2021
APPROVED BY TOWN MANAGER <i>B. F.</i>	DATE 8/20/2021

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 *Amy Mullins* Date *Aug. 21, 2021*

(1 - week Hourly)
(1 - week Salary)

TOWN OF WYTHEVILLE PAY CHANGE FORM

KS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 9/3/2020		EFFECTIVE DATE
EMPLOYEE NAME DESIREE MYERS		
EMPLOYEE NUMBER	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	33400	
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$36,205	\$41,000
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

Change VRS on 10/2/2020 payroll

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) <u>COMPLETED FF1 CERTIFICATION COURSE</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD MARC BRADE <i>MB</i>	DATE 9/3/2020
APPROVED BY HUMAN RESOURCES MANAGER <i>Shari L. Shelton</i>	DATE 9/2/2020
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 9-15-20

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 *Desiree Myers* Date **9/17/2020**

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

JKS
 ENTERED

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME Newman, Cavin L.		
EMPLOYEE NUMBER 1507	DATE HR CHANGED	<i>Will reflect on 10/29/21</i>

CK

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	31100	31100
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$37,296	\$42,580
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Bob L. Haskins</i>	DATE 9/30/2021
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L. Shelton</i>	DATE 10/7/2021
APPROVED BY TOWN MANAGER <i>B.F.</i>	DATE 10/7/2021

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 *Cavin Newman* Date 10/12/2021

TOWN OF WYTHEVILLE PAY CHANGE FORM

JRS
 **ENTERED**

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <i>5/28/2021</i> <i>check</i>
EMPLOYEE NAME Newman, Cavin L.		
EMPLOYEE NUMBER 1504	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	31100	31100
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$32,875	\$36,296
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____	UNTIL _____
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Joe 2 Hack</i>	DATE <i>5/11/2021</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L. Skelton</i>	DATE <i>5/11/2021</i>
APPROVED BY TOWN MANAGER <i>Paul Man</i>	DATE <i>5-12-2021</i>

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 *Cavin Newman* 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 tenure 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.

SUPERVISOR'S SIGNATURE: *Paul J. Hark*

DATE: May 11, 2021

This form must be routed and signed by the personnel below before meeting with the employee.

	Date	Signatures	
Routing	<u>5/11/2021</u>	<u><i>Chief Paul J. Hark</i></u>	Department Head
	<u>5/11/2021</u>	<u><i>Sheri S. Shelton</i></u>	HR Manager

EMPLOYEE ACKNOWLEDGEMENT

I have received a copy of the One Year Probation Employee Evaluation Form

Signature *Cavin Newman* Date 5/14/21

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?
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 ONE YEAR PROBATIONARY PERIOD.

TOWN OF WYTHEVILLE PAY CHANGE FORM

SRS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME Robbie Patton		
EMPLOYEE NUMBER 1553	DATE HR CHANGED	Nov. 24th check

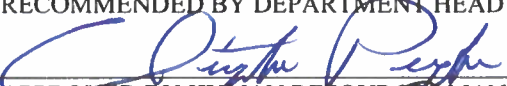


THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Laborer I	Equipment Operator II
<input checked="" type="checkbox"/> GRADE	04	05
<input checked="" type="checkbox"/> ANNUAL RATE	\$27,000	\$28,600
<input checked="" type="checkbox"/> HOURLY RATE	\$12.98	\$13.75
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):


<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 10-28-2021
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 11/17/2021
APPROVED BY TOWN MANAGER 	DATE 11/17/2021

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  Date **11-22-21**

TOWN OF WYTHEVILLE
SIX MONTH PROBATION EMPLOYEE EVALUATION

EMPLOYEE NAME: Robert Patton

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. Patton has

become a valuable asset to the Town of Wytheville. 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: Kevin Hackler

DATE: 10-28-2021

This form must be routed and signed by the personnel below before meeting with the employee.

	Date	Signatures	
Routing		<u>[Signature]</u>	Department Head
		<u>[Signature]</u>	HR Manager

EMPLOYEE ACKNOWLEDGEMENT

I have received a copy of the my Six Month Probation Employee Evaluation Form

Signature Robert K Patton Date 11-22-21

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?
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.

TOWN OF WYTHEVILLE PAY CHANGE FORM

SJS
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 12/1/2021
EMPLOYEE NAME James Pauley	
EMPLOYEE NUMBER 488	DATE HR CHANGED Will reflect on 12/10/21 check


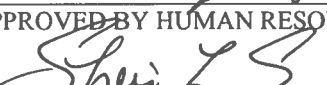

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$30,695.25	\$31,740.80
<input checked="" type="checkbox"/> HOURLY RATE	\$14.76	\$15.26
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 11-4-2021
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 11/23/2021
APPROVED BY TOWN MANAGER 	DATE 11/23/2021

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 James Pauley Date 12-1-21

TOWN OF WYTHEVILLE PAY CHANGE FORM



TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 03/14/16
EMPLOYEE NAME JAMES E. PAULEY		
EMPLOYEE NUMBER 488	DATE HR CHANGED	will reflect on April 8th check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$24,656.81	\$26,000.00
<input checked="" type="checkbox"/> HOURLY RATE	\$11.85	\$12.50
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input checked="" type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Thomas Seagle</i>	DATE 03/14/16
APPROVED BY THE TOWN MANAGER <i>Wayne Sutherland</i>	DATE 03/14/16
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sheri L. Shelton</i>	DATE 03/14/16

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 *James Pauley* Date *3-15-16*

TOWN OF WYTHEVILLE PAY CHANGE FORM

SPS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 8/26/19
EMPLOYEE NAME CHRISTOPHER C. PEEPLES		
EMPLOYEE NUMBER 640	DATE HR CHANGED	Will reflect on 9/6/19 check

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	41200	41150
<input checked="" type="checkbox"/> JOB TITLE	SUPERVISOR	DIRECTOR OF PUBLIC WORKS
<input checked="" type="checkbox"/> GRADE	12	16
<input checked="" type="checkbox"/> ANNUAL RATE	\$64,689.07	\$74,690.00
<input type="checkbox"/> HOURLY RATE		
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)	NON-EXEMPT	EXEMPT
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>C Wayne Sutherland Jr</i>	DATE 8/29/19
APPROVED BY THE TOWN MANAGER <i>C Wayne Sutherland Jr</i>	DATE 8/29/19
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Sherril L. Shetter</i>	DATE 8/29/19

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 *Christopher Peebles* Date 8-29-19

TOWN OF WYTHEVILLE PAY CHANGE FORM

Handwritten initials/signature in blue ink.

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <i>9-1-16</i>
EMPLOYEE NAME CHRISTOPHER C. PEEPLES	
EMPLOYEE NUMBER 640	DATE HR CHANGED <i>Will reflect on Sept. 9th Chec</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$52,772.42	\$57,772.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	
	(DATE) (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) DUE TO RESTRUCTURE OF DEPARTMENTS - INCREASE IN SUPERVISION	
WILL SUPERVISE STREET MAINTENANCE CREW AND STREET CONSTRUCTION CREW	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Tommy Seagle</i>	DATE 08/11/2016
APPROVED BY THE TOWN MANAGER <i>Wayne Sweetser</i>	DATE <i>08-11-16</i>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>Shirley L. Shelton</i>	DATE <i>8/11/16</i>

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 *Christopher C. Peebles* Date *8-22-16*

TOWN OF WYTHEVILLE PAY CHANGE FORM

RS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	9/20/20	EFFECTIVE DATE
EMPLOYEE NAME Angela D. Pennington		
EMPLOYEE NUMBER	DATE HR CHANGED	Reflect on 2/5/2021 CK

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$46,875	\$52,375
<input type="checkbox"/> HOURLY RATE		# 51,286.24
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

RS MGS ADP

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) Completed Certification / Deputy Treasurer	
MGT (9.4%)	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD	DATE
<i>[Signature]</i>	1-22-2021
APPROVED BY HUMAN RESOURCES MANAGER	DATE
<i>[Signature]</i>	1/21/2021
APPROVED BY TOWN MANAGER	DATE
<i>[Signature]</i>	1-21-2021

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 Angela Pennington Date 1/22/2021

TOWN OF WYTHEVILLE PAY CHANGE FORM

EMPLOYED


TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 6/26/18
EMPLOYEE NAME ANGELA D. PENNINGTON		
EMPLOYEE NUMBER 675	DATE HR CHANGED	



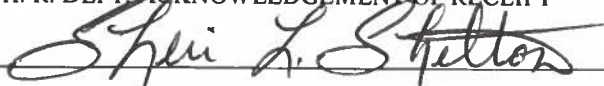
THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$40,676.64	\$42,700.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input checked="" type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 6/26/18
APPROVED BY THE TOWN MANAGER 	DATE 06-26-18
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT 	DATE 6/26/18

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 Angela D Pennington Date 6/26/18

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
BLS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 1/1/18
EMPLOYEE NAME DEWEY CARTER PENNINGTON		
EMPLOYEE NUMBER 890	DATE HR CHANGED	<i>Will reflect on 1/2/18 check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	EQUIPMENT OPERATOR II	UTILITY LOCATOR
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$28,000.00	\$30,160.00
<input checked="" type="checkbox"/> HOURLY RATE	\$13.46	\$14.50
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) <u>INTERNAL JOB POSTING</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 12/19/17
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE 12-19-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 12/19/17

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 *[Signature]* Date 12-19-17

TOWN OF WYTHEVILLE PAY CHANGE FORM

ENTERED
SKS

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME D. CARTER PENNINGTON		
EMPLOYEE NUMBER 890	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	LABORER I	EQUIPMENT OPERATOR II
<input checked="" type="checkbox"/> GRADE	4	5
<input checked="" type="checkbox"/> ANNUAL RATE	\$25,925.11	\$28,000.00
<input checked="" type="checkbox"/> HOURLY RATE	\$12.46	\$13.46
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input checked="" type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____	(DATE) (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 9/22/2017
APPROVED BY THE TOWN MANAGER <i>[Signature]</i>	DATE 09-25-17
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <i>[Signature]</i>	DATE 9/25/17

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 *[Signature]* Date 9-28-17

TOWN OF WYTHEVILLE PAY CHANGE FORM

JS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME GREGORY B. PORTER		10/09/2020
EMPLOYEE NUMBER 1519	DATE HR CHANGED	will reflect on 10/30/2020 paycheck

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	NRRWA OPERATOR TRAINEE	NRRWA OPERATOR CLASS 3
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$33,694.00	\$38,301.74
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input checked="" type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) GREG WENT FROM A OPERATOR TRAINEE TO A CLASS 3, HE SKIPPED OVER CLASS 4. HE RECEIVES 8% PAY INCREASE FOR EACH STEP.	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 11/3/20 10/12/2020
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 10/12/2020
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 10-28-2020

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 *Gregory B. Porter* Date 11-3-20

TOWN OF WYTHEVILLE PAY CHANGE FORM

EAS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 10/02/2020
EMPLOYEE NAME GREGORY B. PORTER		
EMPLOYEE NUMBER 1519	DATE HR CHANGED	Will reflect on 10/02/2020 check

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$30,450.07	\$33,694
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input checked="" type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 9/17/20
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 9/17/2020
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 9-17-20

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 *Gregory B. Porter* Date 9-22-20

TOWN OF WYTHEVILLE PAY CHANGE FORM

JRS
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 7/28/2021
EMPLOYEE NAME CALEB M. PRESTON		
EMPLOYEE NUMBER 1531	DATE HR CHANGED	Will reflect on 8/6/2021 CK

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$24,920.00	\$27,040.00
<input checked="" type="checkbox"/> HOURLY RATE	\$11.98	\$13.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input checked="" type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER FROM _____	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> SALARY ALIGNMENT ADJUSTMENT
<input type="checkbox"/> TEMP. SERVICE COMPLETED	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ UNTIL _____ (DATE) (DATE)	
<input checked="" type="checkbox"/> OTHER (Explain) Successfully completed Six Month Probationary Period and has proven to be a dependable employee. Please see attached evaluation.	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>C. Pugh</i>	DATE 7-26-2021
APPROVED BY HUMAN RESOURCES MANAGER <i>Sheri L. Shelton</i>	DATE 7/26/2021
APPROVED BY TOWN MANAGER <i>B. F.</i>	DATE 7/28/2021

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 *Caleb Preston* Date 7/30/21