

TOWN OF WYTHEVILLE PAY CHANGE FORM

rec'd in HR 7/24/23

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	07/01/23	EFFECTIVE DATE	07/01/23
EMPLOYEE NAME <b>Jacobe Henley</b>			
EMPLOYEE NUMBER	DATE HR CHANGED	Start DATE: 7/23/23	




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Firefighter/AEMT	Firefighter/Paramedic
<input checked="" type="checkbox"/> GRADE	26	28
<input checked="" type="checkbox"/> ANNUAL RATE	\$43,200	\$49,000
<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 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) Copmpleted Paramedic Certification	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD	DATE
	07/11/23
APPROVED BY HUMAN RESOURCES REPRESENTATIVE	DATE
	7/24/2023
APPROVED BY TOWN MANAGER	DATE
	7/20/2023

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 7/18/23

rec'd in HR 7/24/23

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>07/01/23</b>		EFFECTIVE DATE <b>07/01/23</b>
EMPLOYEE NAME <b>David Ausmus</b>		
EMPLOYEE NUMBER	DATE HR CHANGED	<i>Start Date: 7/23/23</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Firefighter/AEMT	Firefighter/Paramedic
<input checked="" type="checkbox"/> GRADE	26	28
<input checked="" type="checkbox"/> ANNUAL RATE	\$43,800	\$49,000
<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 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) <u>Completed Paramedic Certification</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <b>07/07/23</b>
APPROVED BY HUMAN RESOURCES REPRESENTATIVE <i>[Signature]</i>	DATE <b>7/24/2023</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>7/20/2023</b>

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 **7-7-23**

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	07/01/23	EFFECTIVE DATE	07/01/23
EMPLOYEE NAME	Dakota Phillips		
EMPLOYEE NUMBER	DATE HR CHANGED	Effective date:	8/1/2023 - VRS

*Payroll effective date 7/23/23*  
*effective date*  
*Certification was eff. 7/1/23 - will back pay diff. in salary.*

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	Firefighter/EMT	Firefighter/AEMT
<input checked="" type="checkbox"/> GRADE	25	26
<input checked="" type="checkbox"/> ANNUAL RATE	\$39,500	\$43,200
<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) Completed Advanced EMT certification.	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i> ch. et	DATE 07/03/23
APPROVED BY HUMAN RESOURCES REPRESENTATIVE <i>Kristi H. Jackson</i>	DATE 7/20/2023
APPROVED BY TOWN MANAGER <i>B. Fr</i>	DATE 7/7/2023

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 *D. Phillips* Date 7/12/2023

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 <b>Shawn Michael Lewis</b>	
EMPLOYEE NUMBER	DATE HR CHANGED <i>Effective Date: 8/6/2023</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	46200	46200
<input type="checkbox"/> JOB TITLE	WWTP OPERATOR TRAINEE	WWTP OPERATOR CLASS 4
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE	\$33,950	\$36,670
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)	Non-Exempt	Non-Exempt
<input type="checkbox"/> STATUS (FT, PT)	FT	FT
<input type="checkbox"/> SHIFT TIME	7:00 AM – 3:30 PM or 3:00 PM – 11:30 PM	7:00 AM – 3:30 PM or 3:00 PM – 11:30 PM

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) <u>Passed VA Wastewater Operator Class 4 Exam</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 8/2/2023
<i>Revised</i> APPROVED BY HUMAN RESOURCES MANAGER <i>Dir</i> <i>[Signature]</i>	DATE 8/3/23
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 8/3/2023

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 \_\_\_\_\_

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 <b>Avery Carl Coe</b>	
EMPLOYEE NUMBER	DATE HR CHANGED <i>Effective date: 8/16/2023</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	45100	45100
<input type="checkbox"/> JOB TITLE	WTP OPERATOR TRAINEE	WTP OPERATOR CLASS 4
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE	\$33,950	\$36,670
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)	Non-Exempt	Non-Exempt
<input type="checkbox"/> STATUS (FT, PT)	FT	FT
<input type="checkbox"/> SHIFT TIME	7:00 AM – 3:30 PM or 3:00 PM – 11:00 PM	7:00 AM – 3:30 PM or 3:00 PM – 11:30 PM

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>Passed VA Water Operator Class 4 Exam</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 8/2/2023
APPROVED BY HUMAN RESOURCES MANAGER <i>Dir-</i> <i>[Signature]</i>	DATE 8/3/23
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 8/3/23

*Renewal*

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 _____