TO: PAYROLL DEPARTME PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING ER	ENT IG CHANGE(S) 07/04/09	3 EFFECTIVE DATE 07/01/23
		3 07/01/23
EMPLOYEE NAME Jacobe	Henley	
EMPLOYEE NUMBER	DATE HR CHANGED	Hart one: 7/23/23
		7/23/23
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
■ JOB TITLE	Firefighter/AEMT	Firefighter/Paramedic
GRADE	26	28
ANNUAL RATE	\$43,200	\$49,000
HOURLY RATE		
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		
□ SHIFT TIME		
24.5		
THE REASON FOR THE CH		
☐ HIRED	☐ PROBATION	ARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
■ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB
□ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMEN	
		IGNMENT ADJUSTMENT
☐ MERIT INCREASE		
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FR		UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain) Copmplete	d Paramedic Certification	
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
//		
Mixe	- I Maria Sellina	07/11/23
APPROVED BY HUMAN RESOU	RCES REPRESENTATIVE	DATE
I AI A	. ~	7/2/12023
Mristi H. Gac	(son)	1/24/2023
APPROVED BY TOWN MANAGI	ER .	7/20/2023
7 7		1 1/20/2022
DLL		1/2-12-23
EMPLOYEE ACKNOWLED	GEMENT	
I have received a copy of the T	Town of Wytheville Pay Ch	ange Form and understand that
my hourly/yearly salary is as i		
		The second secon
Signature Move Herr	heun	Date 7/18/13

TO: PAYROLL DEPARTME	ENT	
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EI	IG CHANGE(S) 07/01/23	B EFFECTIVE DATE 07/01/23
TO YOUR RECORDS TAKING EI	FECT ON: 01/01/20	01701120
EMPLOYEE NAME David A	usmus	
EMPLOYEE NUMBER	DATE HR CHANGED	Start Date: 1/23/23
Sir		7,0070
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
JOB TITLE	Firefighter/AEMT	Firefighter/Paramedic
■ GRADE	26	28
ANNUAL RATE	\$43,800	\$49,000
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
□ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
□ HIRED	□ PROBATION	ARY PERIOD COMPLETED
RE-HIRED	□ LENGTH OF S	SERVICE INCREASE
■ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	RETIREMENT	—
☐ MERIT INCREASE		GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FR		UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)Copmplete	ed Paramedic Certification	
188 Tu		
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
1/4	<i>C</i>	1-1-1-0
Man Chief		07/08/23
APPROVED BY HUMAN RESOU	RCES REPRESENTATIVE	DATE
X 1. 21 /		Tlautana
APPROVED BY TOWN MANAG	SCO	7 24 2023 DATE 7 20 2623
APPROVED BY TOWN MANAGE	ER	DATE /
KnIT		1/1/20/2623
DIT		
EMPLOYEE ACKNOWLED	GEMENT	
		ange Form and understand that
my hourly/yearly salary is as i	ndicated above.	
(D) IN		- T ~ 7
Signature	***************************************	Date 7-7-23

	NG CHANGE(S) 07/01/23	EFFECTIVE DATE 07/01/23
EMPLOYEE NAME Dakota	Phillips	Payrol
EMPLOYEE NUMBER	DATE HR CHANGED	Effective state: WR
THE CHANGE(S):		Certificate eff. 7/1/23.
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER	TROM	10
JOB TITLE	Firefighter/EMT	Firefighter/AEMT
■ GRADE	25	26
ANNUAL RATE	\$39,500	\$43,200
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
□ STATUS (FT, PT)		
☐ SHIFT TIME		
THE DEAGON FOR THE OF	TANGEROS.	
THE REASON FOR THE CE ☐ HIRED		ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
PROMOTION		TION OF EXISTING JOB
□ DEMOTION	☐ RESIGNATIO	
\square TRANSFER FROM	🗆 RETIREMENT	
☐ MERIT INCREASE	☐ SALARY ALIC	GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	LETED DISCHARGE	
☐ LEAVE OF ABSENCE FF	ROM	UNTIL
	(DATE)	(DATE)
OTHER (Explain)Completed	d Advanced EMT certification.	
AUTHORIZATION:		
AUTHORIZATION: RECOMMENDED BY DEPARTM	IENT HEAD	DATE
The second secon	IENT HEAD	
The second secon	ch.et	DATE 07/03/23 DATE
RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESOU	ch.ef prces representative	07/03/23 DATE
RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESOU	ch.ef prces representative	07/03/23 DATE 1/20/2023
RECOMMENDED BY DEPARTM	ch.ef prces representative	07/03/23 DATE 1 20/2023
APPROVED BY HUMAN RESOL	rces representative	07/03/23 DATE 1 20/2023
RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESOU	rces representative	07/03/23 DATE 1/20/2023
APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGERS TO THE PROVED BY TOWN	ch. ef presentative some	07/03/23 DATE 1 20/2023
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APPROVED BY HUMAN RESOL APPROVED BY TOWN MANAG THE TOWN MANAGE EMPLOYEE ACKNOWLED	ch. ef JRCES REPRESENTATIVE ER OGEMENT	07/03/23 DATE 7/20/2023 DATE 7/7/2023
APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGE TO THE TOWN MANAGE TO THE TOWN	Ch. et URCES REPRESENTATIVE DER DER DEMENT Town of Wytheville Pay Cha	07/03/23 DATE 1 20/2023
APPROVED BY HUMAN RESOLUTION TO APPROVED BY TOWN MANAGE TO APPROVED BY TOWN MANAGE TO APPROVE ACKNOWLED	Ch. et URCES REPRESENTATIVE DER DER DEMENT Town of Wytheville Pay Cha	07/03/23 DATE 7/20/2023 DATE 7/7/2023

	TO: PAYROLL DEPARTMENT PLEASE ENTER THE FOLLOWING CHANGE(S)	
TO YOUR RECORDS TAKIN	PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	
EMPLOYEE NAME		
Sha	wn Michael Lewis	
EMPLOYEE NUMBER	DATE HR CHANGED	Effective Date:
		Effective Date: 8/10/2023
		01010
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER	46200	46200
☐ JOB TITLE	WWTP OPERATOR TRAINER	WWTP OPERATOR CLASS 4
□ GRADE		
☐ ANNUAL RATE	\$33,950	\$36,670
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exem		Non-Exempt
☐ STATUS (FT, PT)	FT	FT
☐ SHIFT TIME	7:00 AM – 3:30 PM or	7:00 AM – 3:30 PM or
	3:00 PM - 11:30 PM	3:00 PM - 11:30 PM
THE REASON FOR TH		
□ HIRED	\square PROBATION	ARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
☐ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO)N
☐ TRANSFER FROM	□ RETIREMEN	
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE CO		
		UNTIL
☐ LEAVE OF ABSENC	(DATE)	(DATE)
OTHER (Evoluin) Par	ssed VA Wastewater Operator C	· · · · · · · · · · · · · · · · · · ·
OTTIER (Explain) Tax	ssed VI Wastewater Operator C	1055 7 LAGIII
		
	· · ·	
AUTHORIZATION:		
	RECOMMENDED BY DEPARTMENT HEAD	
1. // //	Chrs	8/2/2023
A APPROVED BY HUMAN RE	ESOURCES MANAGER DIY	DATE,
Inster Clypholy	-	8/3/23
APPROVED BY TOWN MA	NAGER	DATE 8/3/23 DATE 8/3/202
ATTROVED BY TOWN MA		10/
I Km	+	813 1202

EMPLOYEE ACKNOW	LEDGEMENT	
I have received a copy of	the Town of Wytheville Pay Ch	ange Form and understand that
my hourly/yearly salary is	-	
C: .		Data
Signature		Date

TO: PAYROLL DEPARTM			
PLEASE ENTER THE FOLLOWI		EFFECTIVE DATE	
TO YOUR RECORDS TAKING E EMPLOYEE NAME	FFECT ON:		
Avery Ca	rl Coe		
EMPLOYEE NUMBER	DATE HR CHANGED	Clark a Orte:	
EMIFLOTEE NOMBER	DATE HK CHANGED	Effective nate:	
<u> </u>		8/6/2023	
THE CHANCE(C)		,	
THE CHANGE(S):	FROM	ТО	
✓ All Applicable Boxes ☐ DEPARTMENT NUMBER	45100	45100	
□ JOB TITLE	WTP OPERATOR TRAINEE	WTP OPERATOR CLASS 4	
GRADE	WIT OFERATOR TRAINEE	WII OI ERATOR CEASS 4	
☐ ANNUAL RATE	\$33,950	\$36,670	
☐ HOURLY RATE	\$33,730	350,070	
☐ CLASS (Exempt, Non-Exempt)	Non-Exempt	Non-Exempt	
□ STATUS (FT, PT)	FT	FT	
☐ SHIFT TIME	7:00 AM – 3:30 PM or	7:00 AM – 3:30 PM or	
	3:00 PM - 11:00 PM	3:00 PM - 11:30 PM	
THE REASON FOR THE CI	HANGE(S):		
□ HIRED		RY PERIOD COMPLETED	
☐ RE-HIRED		ERVICE INCREASE	
☐ PROMOTION		ION OF EXISTING JOB	
☐ DEMOTION	☐ RESIGNATION	J	
☐ TRANSFER FROM:	☐ RETIREMENT		
☐ MERIT INCREASE	□ SALARY ALIC	SNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMP			
☐ LEAVE OF ABSENCE FI		UNTIL	
E EERVE OF TIBOEIVEET	(DATE)	(DATE)	
OTHER (Explain) Passed	VA Water Operator Class 4 E	Exam	
/			
AUTHORIZATION:			
RECOMMENDED BY DEPARTA	MENT HEAD	DATE	
RECOMMENDED BY DELAKTA	11111		
18 Sun 1		8/2/2023	
APPROVED BY HUMAN RESOL	JRCES MANAGER DIT-	DATE / /	
Janette Vichentron		8/3/23	
The second second		8/3/23	
APPROVED BY TOWN MANAG	ER	DATE 8/3/23	
Z F		0/2/22	
121-17		8/3/27	
EMPLOYEE ACKNOWLED	OGEMENT		
I have received a copy of the my hourly/yearly salary is as	Town of Wytheville Pay Char indicated above.	nge Form and understand that	
Signature		Date	

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