

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	3/24/23	EFFECTIVE DATE	3/24/23
EMPLOYEE NAME	Kyle Micah Alley		
EMPLOYEE NUMBER	DATE HR CHANGED		


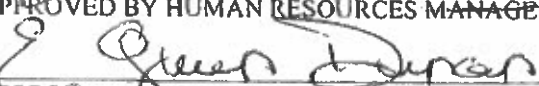

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		71330
<input checked="" type="checkbox"/> JOB TITLE		Head Official
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		28.80
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

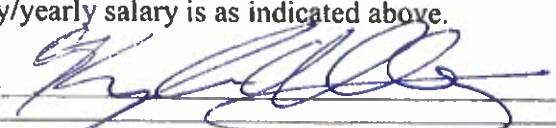
<input checked="" type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD	DATE
	3-24-23
APPROVED BY HUMAN RESOURCES MANAGER Rep.	DATE
	3/29/23
APPROVED BY TOWN MANAGER	DATE
	3/27/2023

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 3/29/23

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <u>10/25/2022</u>
EMPLOYEE NAME <b>John Allison</b>		
EMPLOYEE NUMBER	DATE HR CHANGED	



**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		43700
<input checked="" type="checkbox"/> JOB TITLE		Building Maint. Custodian III
<input checked="" type="checkbox"/> GRADE		05
<input checked="" type="checkbox"/> ANNUAL RATE		\$27,315.60
<input checked="" type="checkbox"/> HOURLY RATE		\$13.13
<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 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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD 	DATE <u>10-21-22</u>
APPROVED BY HUMAN RESOURCES MANAGER 	DATE <u>10-25-22</u>
APPROVED BY TOWN MANAGER <b>Brian Freeman</b> <small>Digitally signed by Brian Freeman Date: 2022.10.25 10:31:51 -04'00'</small>	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 	Date <u>10-26-22</u>

TOWN OF WYTHEVILLE PAY CHANGE FORM

RECEIVED  
9/5/23

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	8/31/23	EFFECTIVE DATE	8/31/23
EMPLOYEE NAME	Kaiden Michael Atkinson		
EMPLOYEE NUMBER	1743	DATE HR CHANGED	9-19-23
		Start date:	9/18/23




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		71360
<input checked="" type="checkbox"/> JOB TITLE	Title: "Recreation Assistant - Teen Center/Rockwell"	<del>Youth/Teen Center - Rockwell - Recreation Assistant</del>
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$15/ hr
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 8-31-23
APPROVED BY HUMAN RESOURCES REPRESENTATIVE Retained 	DATE 9/5/23
APPROVED BY TOWN MANAGER 	DATE 9/5/2023

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 09-7-23

9/6/23 Offered and accepted @ 9:00am. gja

Not avail M, T, W, Th 4-9pm  
4-9 4-9 12:50-7

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <b>6/2/23</b>
EMPLOYEE NAME <b>Tammy Ayers</b>	
EMPLOYEE NUMBER <b>1729</b>	DATE HR CHANGED




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		71370
<input checked="" type="checkbox"/> JOB TITLE		FFL Instructor
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE		\$15.00
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

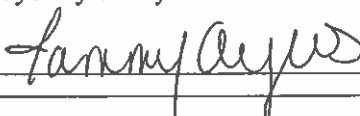
THE REASON FOR THE CHANGE(S):

<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 _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <b>71290 Fitness Instructor \$15.00 - T Code.</b>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE <b>6-2-23</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>Revised</i> 	DATE <b>6/6/23</b>
APPROVED BY TOWN MANAGER 	DATE <b>6/8/2023</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 	Date <b>June 15, 2023</b>

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <i>6/13/2022</i>
EMPLOYEE NAME <b>Nelson Banes</b>	
EMPLOYEE NUMBER <i>1658</i>	DATE HR CHANGED

*JBS* ENTERED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71400
<input checked="" type="checkbox"/> JOB TITLE		Laborer I
<input checked="" type="checkbox"/> GRADE		4
<input checked="" type="checkbox"/> ANNUAL RATE		\$24,960
<input checked="" type="checkbox"/> HOURLY RATE		\$12.00
<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 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>[Signature]</i>	DATE <i>5-13-22</i>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <i>5/19/22</i>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <i>5/24/22</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 *Nelson L Banes* Date *5/27/2022*

VA / DL  
E 23851946  
EP: 3/12/27

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 <u>6/21/2022</u>
EMPLOYEE NAME <b>Mark Bass</b>	
EMPLOYEE NUMBER <u>16661</u>	DATE HR CHANGED

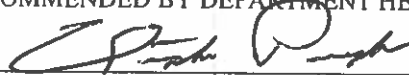


THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71400
<input checked="" type="checkbox"/> JOB TITLE		Laborer I
<input checked="" type="checkbox"/> GRADE		4
<input checked="" type="checkbox"/> ANNUAL RATE		\$24,960.00
<input checked="" type="checkbox"/> HOURLY RATE		\$12.00
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)		FT
<input checked="" type="checkbox"/> SHIFT TIME		7:00 am - 3:30 pm

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 	DATE <u>6-2-22</u>
APPROVED BY HUMAN RESOURCES MANAGER 	DATE <u>6/13/22</u>
APPROVED BY TOWN MANAGER 	DATE <u>6-2-22</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 Mark Bass Date 6-13-22

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 8/1/2022
EMPLOYEE NAME <b>William Bell</b>	
EMPLOYEE NUMBER 11069	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71400
<input checked="" type="checkbox"/> JOB TITLE		Laborer I
<input checked="" type="checkbox"/> GRADE		4
<input checked="" type="checkbox"/> ANNUAL RATE		\$24,960.00
<input checked="" type="checkbox"/> HOURLY RATE		\$12.00
<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 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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Stephen Pugh</i>	DATE 7-18-22
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L. Skelton</i>	DATE 7/20/22
APPROVED BY TOWN MANAGER Brian Freeman Digitally signed by Brian Freeman Date: 2022.07.21 09:10:32 -04'00'	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 *William Bell* Date 7-26-22

VA-DL  
T63707821  
5/15/2025

TOWN OF WYTHEVILLE PAY CHANGE FORM



TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <u>2/11/2022</u>	EFFECTIVE DATE <u>2/11/2022</u>
EMPLOYEE NAME <u>Landon Bennett</u>	
EMPLOYEE NUMBER <u>1639</u>	DATE HR CHANGED <u>DOH 3/31/2022</u>

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71330
<input checked="" type="checkbox"/> JOB TITLE		Official
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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) <u>T-Code 71330. Ref pay \$15/20/25</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <u>[Signature]</u>	DATE <u>2/11/2022</u>
APPROVED BY HUMAN RESOURCES MANAGER <u>[Signature]</u>	DATE <u>2/17/22</u>
APPROVED BY TOWN MANAGER <u>[Signature]</u>	DATE <u>2/17/2022</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 Landon Bennett Date 3/18/22

T63740762



## 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>Lori Bowen</b>		
EMPLOYEE NUMBER <b>1707</b>	DATE HR CHANGED	

**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71300
<input checked="" type="checkbox"/> JOB TITLE		Front Desk Attendant
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$15
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

**THE REASON FOR THE CHANGE(S):**

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

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD 	DATE <b>2-16-23</b>
APPROVED BY HUMAN RESOURCES MANAGER Rep. 	DATE <b>2-22-23</b>
APPROVED BY TOWN MANAGER 	DATE <b>2-22-23</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	Date <b>2/24/23</b>

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 3/28/22
EMPLOYEE NAME Misty Catron		
EMPLOYEE NUMBER 1642	DATE HR CHANGED	3/28/22




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		
<input checked="" type="checkbox"/> HOURLY RATE		\$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 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) t-code 71290- \$11.00 for training pay t-code 71370 FFL	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 3-28-22
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 3/28/22
APPROVED BY TOWN MANAGER 	DATE 3/29/2022

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 Misty D Catron Date 4/1/22

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <u>5/5/22</u>
EMPLOYEE NAME <u>Baylie Charles</u>		<u>DOH 5/31/2022</u>
EMPLOYEE NUMBER <u>1649</u>	DATE HR CHANGED	

*SP* **ENTERED**

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71310-1102
<input checked="" type="checkbox"/> JOB TITLE		Kidventure Counselor
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 <u>[Signature]</u>	DATE <u>5-5-22</u>
APPROVED BY HUMAN RESOURCES MANAGER <u>[Signature]</u>	DATE <u>5/10/22</u>
APPROVED BY TOWN MANAGER <u>[Signature]</u>	DATE <u>5/16/2022</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 [Signature] Date 05/19/2022

VADL  
T63738522  
exp: 4/6/2025

TOWN OF WYTHEVILLE PAY CHANGE FORM

SFS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME	Carly Charles	DoH 5/31/22
EMPLOYEE NUMBER	1651	DATE HR CHANGED


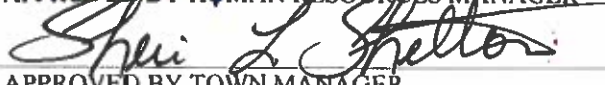

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71310-1102
<input checked="" type="checkbox"/> JOB TITLE		Kidventure Counselor
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 	DATE 5-5-22
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 5/13/22
APPROVED BY TOWN MANAGER 	DATE 5/16/2022

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 Carly Charles Date 5/20/2022

T63738521

VA/DL

EXP. 4/6/2025

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>Brianna Cody</b>	
EMPLOYEE NUMBER <b>17681</b>	DATE HR CHANGED




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71330
<input checked="" type="checkbox"/> JOB TITLE		Official
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>code officials rate \$15/\$20/\$25</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 11-16-22
APPROVED BY HUMAN RESOURCES MANAGER 	DATE
APPROVED BY TOWN MANAGER 	DATE 11/16/2022

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 Brianna J Cody Date 11-18-22

TOWN OF WYTHEVILLE PAY CHANGE FORM

SJS  
 CONFIRMED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE
EMPLOYEE NAME <b>Issac Combs</b>		<b>5/5/22</b>
EMPLOYEE NUMBER <b>1650</b>	DATE HR CHANGED	<b>DOT 5/31/22</b>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71310-1102
<input checked="" type="checkbox"/> JOB TITLE		Kidventure Counselor
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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>[Signature]</i>	DATE <b>5-5-22</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <b>5/10/22</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>5/16/2022</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 *Issac Combs* Date **5-19-22**

VA/DL  
 T65830445  
 Exp: 12/11/2024

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON.		EFFECTIVE DATE <u>1/26/2023</u>
EMPLOYEE NAME <u>Julie Compton</u>		
EMPLOYEE NUMBER	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71330
<input checked="" type="checkbox"/> JOB TITLE		Official
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$15
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT

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) <u>T-Code 71330. Ref pay \$15/20/25</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <u>[Signature]</u>	DATE <u>1-26-23</u>
APPROVED BY THE TOWN MANAGER <u>[Signature]</u>	DATE <u>1/26/2023</u>
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT <u>[Signature]</u>	DATE <u>1/26/2023</u>

EMPLOYEE ACKNOWLEDGEMENT

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

Signature [Signature] Date 01/19/2023

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <b>8/20/23</b>
EMPLOYEE NAME <b>William Crockett</b>	
EMPLOYEE NUMBER <b>1689</b>	DATE HR CHANGED <i>start date as part-time: 8/20/2023</i>

*(Dept. to send resignation ltr per resignation ltr rec'd 8/21/23 @ 11:50 am for being rec'd)*

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	Facility Services Specialist	Facility Services Specialist
<input type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$35,069	
<input checked="" type="checkbox"/> HOURLY RATE		\$17.00
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)	Non-Exempt	Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)	FT	PT
<input checked="" type="checkbox"/> SHIFT TIME	Varies	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 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) <i>Wishes to become part-time</i>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Rona Fre Jude</i>	DATE <b>8/18/2023</b>
APPROVED BY HUMAN RESOURCES REPRESENTATIVE <i>[Signature]</i>	DATE <b>8/21/23</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>8/21/2023</b>

*rec'd 8/18/23*

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 <b>11-14-22</b>
EMPLOYEE NAME <b>Cordell Croy</b>	
EMPLOYEE NUMBER <b>1680</b>	DATE HR CHANGED

**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71330
<input checked="" type="checkbox"/> JOB TITLE		Official
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

**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 _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) T-code for official at \$15/\$20/\$25	

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD <b>Crystal Hylton</b>	DATE <b>11-14-22</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>E. Queen Duncan</i>	DATE <b>11/14/2022</b>
APPROVED BY TOWN MANAGER <i>B. F. [Signature]</i>	DATE <b>11/14/2022</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 <i>Cordell Croy</i>	Date <b>11/16/22</b>

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	10/18/22	EFFECTIVE DATE	10/18/22
EMPLOYEE NAME	Hayden DeReus		
EMPLOYEE NUMBER	DATE HR CHANGED		



THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Lifeguard
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		11.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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	DATE
	10-18-22
APPROVED BY HUMAN RESOURCES MANAGER	DATE
	10/18/22
APPROVED BY TOWN MANAGER	DATE
Brian Freeman Digitally signed by Brian Freeman Date: 2022.10.18 10:47:47 -04'00'	

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>Hayden DeReus</u>	Date <u>10/25/22</u>

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>5/17/23</b>		EFFECTIVE DATE <b>5/17/23</b>
EMPLOYEE NAME <b>Lianna Dillon</b>		
EMPLOYEE NUMBER <b>1719</b>	DATE HR CHANGED	<b>5/17/23</b>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		7131
<input checked="" type="checkbox"/> JOB TITLE		Kidventure Counselor
<input checked="" type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		15.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <b>5-18-23</b>
<i>Reviewed</i> APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <b>5-18-23</b>
APPROVED BY TOWN MANAGER <b>B-F</b>	DATE <b>5-18-23</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 <u><i>Lianna Dillon</i></u>	Date <u><b>5-31-23</b></u>

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 1-23-23
EMPLOYEE NAME <b>Amanda Dunford</b>	
EMPLOYEE NUMBER 1702	DATE HR CHANGED

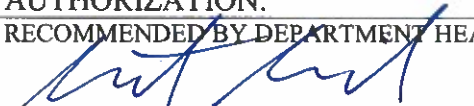


THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		72500
<input type="checkbox"/> JOB TITLE		Education Assistant
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input type="checkbox"/> HOURLY RATE		\$15.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		


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 	DATE 1/19/23
APPROVED BY THE TOWN MANAGER 	DATE 1/19/23
H. R. DEPT. ACKNOWLEDGEMENT OF RECEIPT 	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 	Date 1/19/23

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <b>5/9/22</b>
EMPLOYEE NAME <b>Madison Dye</b>		
EMPLOYEE NUMBER <b>1437</b>	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	Kidventure Counselor	Kidventure Assistant Supervisor
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE	\$11	\$11.23
<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 type="checkbox"/> OTHER (Explain) _____ _____	

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <b>5-9-22</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <b>5/12/22</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>5/16/2022</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 <i>[Signature]</i>	Date <b>5/25/22</b>

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	6/12/23	EFFECTIVE DATE	6/12/23
EMPLOYEE NAME <b>Caden Farthing</b>			
EMPLOYEE NUMBER	1728	DATE HR CHANGED	




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Lifeguard
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		15.52
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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	DATE
	6-12-23
APPROVED BY HUMAN RESOURCES MANAGER <i>Rep.</i>	DATE
	6-13-23
APPROVED BY TOWN MANAGER	DATE
	6/14/2023

*Reviewed*

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 Caden R. Farthing Date 6-15-23

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>5/17/23</b>	EFFECTIVE DATE <b>5/17/23</b>
EMPLOYEE NAME <b>Annabelle Fiscus</b>	
EMPLOYEE NUMBER	DATE HR CHANGED <b>5/17/23</b>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		7131
<input checked="" type="checkbox"/> JOB TITLE		Kidventure Counselor
<input checked="" type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		15.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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>[Signature]</i>	DATE <b>5-18-23</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <b>5-18-23</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>5-18-23</b>

*Reviewed*

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 *Annabelle Fiscus* Date **05/31/23**

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 <b>7/8/22</b>
EMPLOYEE NAME <b>Brady Fowler</b>	
EMPLOYEE NUMBER <b>1667</b>	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71370
<input checked="" type="checkbox"/> JOB TITLE		Asst. Recreation Supervisor-Fitness
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11.00
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 checked="" type="checkbox"/> OTHER (Explain) <u>71310-1102 (Kidventures): \$11.00</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <b>7-11-22</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>Sheri L. Shelton</i>	DATE <b>7/11/22</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>7/13/2022</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 *Brady Fowler* Date **7/20/22**

VA DL  
TG 3739655  
03/30/2026



TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 12-1-22
EMPLOYEE NAME <b>Kerry O'Neal Frye</b>		
EMPLOYEE NUMBER 570	DATE HR CHANGED 11/30/22 KHF	

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	41,200.00	43,680.00
<input type="checkbox"/> HOURLY RATE	\$19.81	\$21.00
<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 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 11/16/2022
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 11-16-2022
APPROVED BY TOWN MANAGER TBF	DATE 11/16/2022

EMPLOYEE ACKNOWLEDGEMENT

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

Signature Kerry Frye Date 11-17-22

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 12/5/2022
EMPLOYEE NAME Kelly Ann Hogan	
EMPLOYEE NUMBER 1682	DATE HR CHANGED 12/2/22

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	31100	
<input type="checkbox"/> JOB TITLE	Animal Shelter Attendant	
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE	\$14.00	
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)	Part-Time	
<input type="checkbox"/> SHIFT TIME		

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>John J. Hash</i>	DATE 11/7/2022
APPROVED BY HUMAN RESOURCES MANAGER <i>Kristi H. Jackson</i>	DATE 11/9/2022
APPROVED BY TOWN MANAGER <i>B. Fr</i>	DATE 11/9/2022

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 11/23/2022

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
EMPLOYEE NAME <b>Michael Holiday</b>		
EMPLOYEE NUMBER <b>1558</b>	DATE HR CHANGED	<i>Will reflect on 9/2/22 check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	45300	45300
<input type="checkbox"/> JOB TITLE	Laborer I - Public Utilities	Crew Leader - Public Utilities
<input type="checkbox"/> GRADE	04	07
<input type="checkbox"/> ANNUAL RATE	\$29,458	\$35,880
<input type="checkbox"/> HOURLY RATE	\$14.16	\$17.25
<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	7:00 AM - 3:30 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 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 <b>8/29/2022</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <b>8/29/2022</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>8/29/2022</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 *Michael Holiday* Date **8-30-22**

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	6/7/23	EFFECTIVE DATE	6/7/23
EMPLOYEE NAME <b>Makenzie Ingo</b>			
EMPLOYEE NUMBER	1731	DATE HR CHANGED	




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	71330	
<input type="checkbox"/> JOB TITLE	Athletics Official	
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input type="checkbox"/> HOURLY RATE	20	
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)	PT	
<input type="checkbox"/> SHIFT TIME		

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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) T-Code Field Supervisor 71330 \$15/hr	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD	DATE
	6/8/23
APPROVED BY HUMAN RESOURCES MANAGER <i>Rep</i>	DATE
	6/8/23
APPROVED BY TOWN MANAGER	DATE
	6/8/23

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 Makenzie Ingo Date 6/16/23

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	<b>5/3/23</b>	EFFECTIVE DATE	<b>5/3/23</b>
EMPLOYEE NAME <b>Lily Irvin</b>			
EMPLOYEE NUMBER	DATE HR CHANGED		



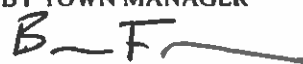
**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Pool Office Assistant
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		15.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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 	DATE 5-3-23
APPROVED BY HUMAN RESOURCES MANAGER Director 	DATE 5/4/23
APPROVED BY TOWN MANAGER 	DATE 5/4/2023

**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 05-10-23

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>15/5/22</b>		EFFECTIVE DATE <b>12/5/22</b>
EMPLOYEE NAME <b>Garrett Jasnicki</b>		
EMPLOYEE NUMBER <b>11693</b>	DATE HR CHANGED	

**THE CHANGE(S):**



<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Assistant Swim Coach/Swim Instructor
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		11.33 <i>\$15.00</i>
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input checked="" type="checkbox"/> SHIFT TIME		varies

*As per Council Action*

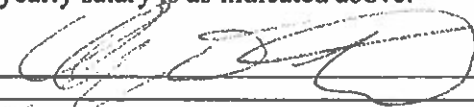
**THE REASON FOR THE CHANGE(S):**

<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 	DATE <b>12-7-22</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>Rep</i> 	DATE <b>12-7-22</b>
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 	Date <b>12/19/22</b>

TOWN OF WYTHEVILLE PAY CHANGE FORM

SFS  
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 2/25/2022
EMPLOYEE NAME <b>ELLIS KEITH JONES</b>		
EMPLOYEE NUMBER 1633	DATE HR CHANGED	

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		4400
<input checked="" type="checkbox"/> JOB TITLE		INFO DESK SPEC - VC
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11.00
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		NON-EXEMPT
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Dana Lee Jude</i>	DATE 2/16/2022
APPROVED BY HUMAN RESOURCES MANAGER <i>Sheli L. Shelton</i>	DATE
APPROVED BY TOWN MANAGER <i>B.F.</i>	DATE 2/17/2022

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 *Ellis Keith Jones* Date 02/22/2022

29768326

TOWN OF WYTHEVILLE PAY CHANGE FORM

8/25  
 ENTERED  
 T-Cade  
 Spreadsheet

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	5/23/22	EFFECTIVE DATE	5/23/22
EMPLOYEE NAME	Thomas Engene Jones		
EMPLOYEE NUMBER	1655	DATE HR CHANGED	DOT 5/31/22

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		Teen Center/Rockwall Supv.
<input type="checkbox"/> JOB TITLE		71360
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11.23
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 _____ (DATE) _____	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) Cross Train to 71310-1102 @ \$11	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD	DATE
<i>[Signature]</i>	5-24-22
APPROVED BY HUMAN RESOURCES MANAGER	DATE
<i>[Signature]</i>	5/24/2022
APPROVED BY TOWN MANAGER Brian Freeman	DATE
Digitally signed by Brian Freeman Date: 2022.05.25 08:39:21 -04'00'	

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 *Thomas Jones* Date 5/25/2022

VA/DL  
 T6374145  
 Exp: 07/19/2028



TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>11/21/22</b>		EFFECTIVE DATE <b>11/21/22</b>
EMPLOYEE NAME <b>Eric "Holden" Keefer</b>		
EMPLOYEE NUMBER <b>11292</b>	DATE HR CHANGED	

THE CHANGE(S):




<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Lifeguard
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		<del>\$11.33</del>
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input checked="" type="checkbox"/> SHIFT TIME		varies

*\$15.00  
As per  
Council  
Action*

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 	DATE <b>11-22-22</b>
APPROVED BY HUMAN RESOURCES MANAGER 	DATE <b>11/29/22</b>
APPROVED BY TOWN MANAGER 	DATE <b>11/29/22</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 \_\_\_\_\_ Date \_\_\_\_\_

TOWN OF WYTHEVILLE PAY CHANGE FORM

SFS  
ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	5/17/22	EFFECTIVE DATE	5/17/22
EMPLOYEE NAME	Charlie King	Charla E. King	
EMPLOYEE NUMBER	1659	DATE HR CHANGED	DOH 6/2/2022




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		lifeguard
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		11.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		pt
<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	DATE
	5-18-22
APPROVED BY HUMAN RESOURCES MANAGER	DATE
	5/19/22
APPROVED BY TOWN MANAGER	DATE
	5/24/2022

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 Charla King Date 5/27/2022

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>5/3/23</b>	EFFECTIVE DATE <b>5/3/23</b>
EMPLOYEE NAME <b>Rayna King</b>	
EMPLOYEE NUMBER	DATE HR CHANGED




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Pool Office Assistant
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		15.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input checked="" type="checkbox"/> SHIFT TIME		Varies

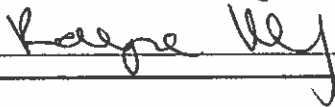
THE REASON FOR THE CHANGE(S):

<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 	DATE <b>5-3-23</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>Director</i> 	DATE <b>5-4-23</b>
APPROVED BY TOWN MANAGER 	DATE <b>5/5/2023</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 <u></u>	Date <u><b>05/09/2023</b></u>

VA-763739858  
Exp: 06/07/2026

TOWN OF WYTHEVILLE PAY CHANGE FORM

*SRS*  
**ENTERED**

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	9/14/2022	EFFECTIVE DATE	9/14/2022
EMPLOYEE NAME	ABIGAYIL KIRBY		
EMPLOYEE NUMBER	DATE HR CHANGED	Will reflect on 9/30/22	

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	\$37,291.15	\$38,291.15
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

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 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) <b>COMPLETED DPO/ENGINE DRIVER INTERNSHIP</b>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE	9/14/22
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE	9/14/2022
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE	9/21/2022

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 09/23/22

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>8/22/23</b>		EFFECTIVE DATE
EMPLOYEE NAME <b>Kevin Lake</b>		
EMPLOYEE NUMBER <b>1740</b>	DATE HR CHANGED <b>9-11-23</b>	<i>start date:</i> <b>9/5/23</b>

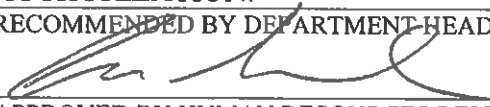
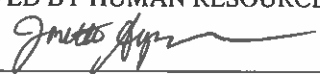
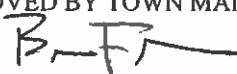
THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	<del>FROM</del> <i>New Hire</i>	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE	Sports Official	
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input type="checkbox"/> HOURLY RATE	\$20/hr	<i>(see other codes below)</i>
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)	PT	
<input type="checkbox"/> SHIFT TIME		

THE REASON FOR THE CHANGE(S):

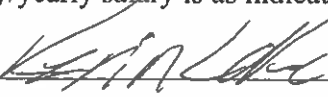
<input checked="" type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<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) <u>T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE <b>8-22-23</b>
APPROVED BY HUMAN RESOURCES REPRESENTATIVE 	DATE <b>8/22/23</b>
APPROVED BY TOWN MANAGER 	DATE <b>8/22/2023</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  Date **08/23/23**

*8/23/23 @ 10:45am Mr. Kevin Lake accepted conditional verbal job offer. SLK*

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	<b>11/21/22</b>	EFFECTIVE DATE	<b>11/21/22</b>
EMPLOYEE NAME <b>Jayden Leagans</b>			
EMPLOYEE NUMBER	DATE HR CHANGED		



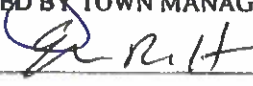
**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Lifeguard
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11.33
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD 	DATE 11-21-22
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 11/29/22
APPROVED BY TOWN MANAGER 	DATE 11/29/22

**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>Jayden Leagans</u>	Date <u>12/9/22</u>

**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>Andrew Lundy</b>		
EMPLOYEE NUMBER	DATE HR CHANGED	




**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71300
<input checked="" type="checkbox"/> JOB TITLE		Front Desk Attendant
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$15
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

**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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD 	DATE 2-16-23
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 2-22-23
APPROVED BY TOWN MANAGER 	DATE 2-22-23

**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>Andrew Lundy</u>	Date <u>2-27-23</u>

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <b>5-9-23</b>
EMPLOYEE NAME <b>Jennie Mason</b>	
EMPLOYEE NUMBER	DATE HR CHANGED

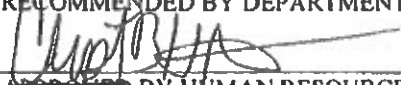
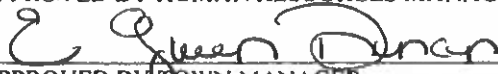

**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71290
<input checked="" type="checkbox"/> JOB TITLE		Fitness Instructor
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$15.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

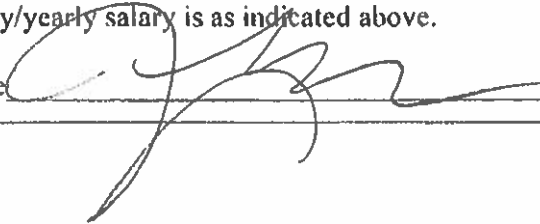
**THE REASON FOR THE CHANGE(S):**

<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 	DATE <b>5-23-23</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>Rep</i> 	DATE <b>5-23-23</b>
APPROVED BY TOWN MANAGER 	DATE <b>5-25-2023</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 	Date <b>06/01/23</b>



**TOWN OF WYTHEVILLE PAY CHANGE FORM**

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>4/3/23</b>	EFFECTIVE DATE <b>4/3/23</b>
EMPLOYEE NAME <b>Cheyenne Rayne Miller</b>	
EMPLOYEE NUMBER <b>1712</b>	DATE HR CHANGED


**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		<b>71310</b>
<input checked="" type="checkbox"/> JOB TITLE		<b>ASK Counselor</b>
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		<b>\$15/hr</b>
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		<b>PT</b>
<input type="checkbox"/> SHIFT TIME		

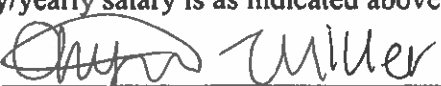
**THE REASON FOR THE CHANGE(S):**

<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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD 	DATE <b>3-30-23</b>
APPROVED BY HUMAN RESOURCES MANAGER	DATE
APPROVED BY TOWN MANAGER <b>B-Fr</b>	DATE <b>4/3/2023</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 	Date <b>04/05/23</b>

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S) <b>5/3/23</b>		EFFECTIVE DATE <b>5/3/23</b>
TO YOUR RECORDS TAKING EFFECT ON:		
EMPLOYEE NAME <b>Hannah Miller</b>		
EMPLOYEE NUMBER <b>1565</b>	DATE HR CHANGED	



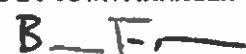
**THE CHANGE(S):**

<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		
<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) <u>1-code swim instructor to 71350 for \$16.30 per hour</u>	

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD 	DATE
APPROVED BY HUMAN RESOURCES MANAGER <i>Director</i> 	DATE <b>5/4/23</b>
APPROVED BY TOWN MANAGER 	DATE <b>5/4/2023</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 <u></u>	Date <u><b>5/5/23</b></u>

TOWN OF WYTHEVILLE PAY CHANGE FORM

SLS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 10/3/22
EMPLOYEE NAME <b>Doug Nichols</b>	
EMPLOYEE NUMBER 1676	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		44200
<input checked="" type="checkbox"/> JOB TITLE		Technology Specialist
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$18.00/hour
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Dana K Kelley</i>	DATE 9/28/22
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L. Shelton</i>	DATE 9/28/22
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 9/29/2022

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 10/3/22

VA-DL  
T63704588  
EOD. 11/01/22

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>Hailey Patel</b>	
EMPLOYEE NUMBER <b>1722</b>	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		44200/44000
<input checked="" type="checkbox"/> JOB TITLE		Information Desk Specialist Seasonal
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$15.00
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Donna Pe Jude</i>	DATE <b>5/17/2023</b>
<i>Reviewed</i> APPROVED BY HUMAN RESOURCES MANAGER <i>Raf</i>	DATE <b>5-18-23</b>
APPROVED BY TOWN MANAGER <i>B-R</i>	DATE <b>5-18-23</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 *Hailey Patel* Date **5-24-23**

TOWN OF WYTHEVILLE PAY CHANGE FORM

*RS*  
 RECEIVED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <b>5/15/2022</b>
EMPLOYEE NAME <b>Ryan Patton</b>	
EMPLOYEE NUMBER <b>1419</b>	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER	71400	71400
<input type="checkbox"/> JOB TITLE	laborer I	laborer I
<input type="checkbox"/> GRADE	4	4
<input checked="" type="checkbox"/> ANNUAL RATE	\$24,398.40	\$26,000.00 ✓
<input checked="" type="checkbox"/> HOURLY RATE	\$11.73	\$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 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>C. O. ...</i>	DATE <b>5-16-22</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>Shirley L. ...</i>	DATE <b>5/19/22</b>
APPROVED BY TOWN MANAGER <i>B. R. ...</i>	DATE <b>5/24/2022</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 *Ryan Patton* Date **5/25/22**

TOWN OF WYTHEVILLE PAY CHANGE FORM

SAS  
 ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <u>9/25/2022</u>
EMPLOYEE NAME <b>Richard Pickle</b>	
EMPLOYEE NUMBER <b>1325</b>	DATE HR CHANGED <u>Will reflect on 9/30/22 check</u>

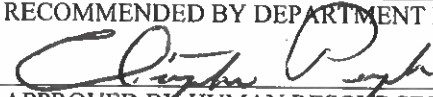


THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		43700
<input checked="" type="checkbox"/> JOB TITLE		Custodian III <i>Same</i>
<input checked="" type="checkbox"/> GRADE		05 <i>Same</i>
<input checked="" type="checkbox"/> ANNUAL RATE	\$25,435.46	\$26,000.00
<input checked="" type="checkbox"/> HOURLY RATE	\$12.23	\$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 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 	DATE <u>9-22-2022</u>
APPROVED BY HUMAN RESOURCES MANAGER 	DATE <u>9/22/2022</u>
APPROVED BY TOWN MANAGER 	DATE <u>9/22/2022</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 <u>Richard Ray Pickle</u>	Date <u>9.30.2020</u>

SKS ENTERED

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <b>8/31/22</b>
EMPLOYEE NAME <b>Keith Plamann</b>	
EMPLOYEE NUMBER <b>1674</b>	DATE HR CHANGED <b>DOH 9/8/22</b>

THE CHANGE(S):




<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71370
<input checked="" type="checkbox"/> JOB TITLE		Asst. Recreation Supervisor-Fitness
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11.00
<input checked="" type="checkbox"/> CLASS (Exempt, Non-E)		Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

Start Date  
 9/8/2022

THE REASON FOR THIS CHANGE:

<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 type="checkbox"/> OTHER (Explain) 71370 Fit for Life: \$13.00; 71300 Facility Supervisor: \$11.00	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE <b>8-31-22</b>
APPROVED BY HUMAN RESOURCES MANAGER 	DATE <b>8/31/22</b>
APPROVED BY TOWN MANAGER 	DATE <b>8/31/22</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 Keith Plamann Date 9-6-22

VA-DMV  
 T65835313  
 Exp: 10/23/2029

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: 1/3/22		EFFECTIVE DATE 1/3/22
EMPLOYEE NAME <u>Ilse Primm</u>		
EMPLOYEE NUMBER <u>1695</u>	DATE HR CHANGED	

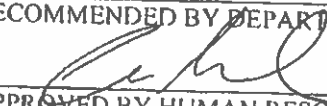

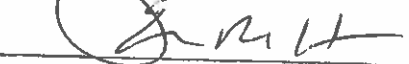
THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		<u>71350</u>
<input checked="" type="checkbox"/> JOB TITLE		<u>Lifeguard</u>
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		<u>15.00</u>
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		<u>PT</u>
<input checked="" type="checkbox"/> SHIFT TIME		<u>Varies</u>

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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE <u>1-3-23</u>
APPROVED BY HUMAN RESOURCES MANAGER 	DATE <u>1-3-23</u>
APPROVED BY TOWN MANAGER 	DATE <u>1-3-23</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 Ilse Primm Date 1/3/23

VA-T63743040  
Exp. 8/24/2030



TOWN OF WYTHEVILLE PAY CHANGE FORM

RECEIVED  
8/31/2023

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>8/29/23</b>	EFFECTIVE DATE <b>8/29/23</b>
EMPLOYEE NAME <b>Joseph Puckett</b>	
EMPLOYEE NUMBER	DATE HR CHANGED


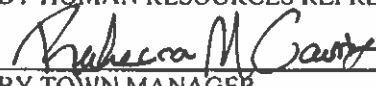

THE CHANGE(S):

<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		
<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) <u>to code 71320 to 15.00 for pool office assistant</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE <b>8-31-23</b>
APPROVED BY HUMAN RESOURCES REPRESENTATIVE Reviewed 	DATE <b>8/31/23</b>
APPROVED BY TOWN MANAGER 	DATE <b>8/5/2023</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 \_\_\_\_\_ Date \_\_\_\_\_

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE <b>5/9/22</b>
EMPLOYEE NAME <b>Josh Reeves</b>		
EMPLOYEE NUMBER <b>1442</b>	DATE HR CHANGED	



**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
JOB TITLE		
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE	\$11	\$11.23
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		
<input type="checkbox"/> SHIFT TIME		

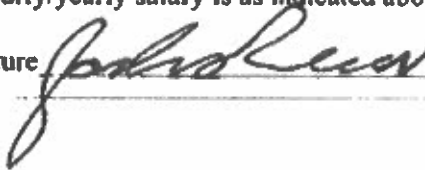
**THE REASON FOR THE CHANGE(S):**

<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 	DATE <b>5-9-22</b>
APPROVED BY HUMAN RESOURCES MANAGER 	DATE <b>5/12/22</b>
APPROVED BY TOWN MANAGER <b>B-F</b>	DATE <b>5/16/2022</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 	Date <b>5/25/2022</b>

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	5/4/2023	EFFECTIVE DATE	5/4/2023
EMPLOYEE NAME <b>Owen Alexander Repass</b>			
EMPLOYEE NUMBER	DATE HR CHANGED		




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		71330
<input type="checkbox"/> JOB TITLE		Official
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input type="checkbox"/> HOURLY RATE		20
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 5/4/2023
APPROVED BY HUMAN RESOURCES MANAGER <i>Director</i> 	DATE 5/4/2023
APPROVED BY TOWN MANAGER - <i>Assistant</i> 	DATE 5/5/2023

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 \_\_\_\_\_

VA B69777779  
EXP - 12/31/2027

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>5/22/23</b>	EFFECTIVE DATE <b>5/22/23</b>
EMPLOYEE NAME <b>Carl Jason Roberts</b>	
EMPLOYEE NUMBER <b>1721</b>	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		<b>71330</b>
<input type="checkbox"/> JOB TITLE		Athletic Official
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input type="checkbox"/> HOURLY RATE		20.80
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <b>5-17-23</b>
<i>Reviewed</i> APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <b>5-18-23</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>5-18-23</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 *Carl Jason Roberts* Date **05 24 2023**

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>6/12/23</b>		EFFECTIVE DATE <b>6/12/23</b>
EMPLOYEE NAME <b>Erica Rodney</b>		
EMPLOYEE NUMBER <b>1730</b>	DATE HR CHANGED	


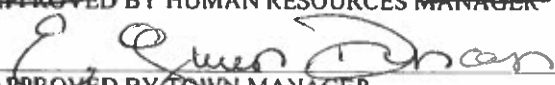
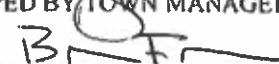
THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Lifeguard
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		15.52
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input checked="" type="checkbox"/> SHIFT TIME		varies

THE REASON FOR THE CHANGE(S):

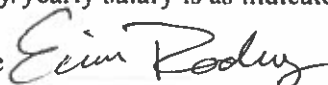
<input checked="" type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE <b>6-12-23</b>
<i>Received</i> APPROVED BY HUMAN RESOURCES MANAGER <i>Rep.</i> 	DATE <b>6-13-23</b>
APPROVED BY TOWN MANAGER 	DATE <b>6/14/2023</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  Date **6/15/23**

TOWN OF WYTHEVILLE PAY CHANGE FORM

Eff Dec. pay'ie.  
VRS Compensation

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 12/2/22
EMPLOYEE NAME <b>Chastity Marcella Russell</b>		
EMPLOYEE NUMBER <b>641</b>	DATE HR CHANGED 12/2/22	

Dec VRS  
Inv.

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 type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$53,514	\$55,959
<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>Del Z. Hawk</i>	DATE
APPROVED BY HUMAN RESOURCES REPRESENTATIVE <i>Kristi H. Jackson</i>	DATE 12/2/22
APPROVED BY TOWN MANAGER <b>TBF</b>	DATE 12/2/2022

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 <u>02/20/2023</u>
EMPLOYEE NAME <b>Hope Sawyers</b>	
EMPLOYEE NUMBER <u>1706</u>	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		43700
<input checked="" type="checkbox"/> JOB TITLE		Building Maintenance Custodian 11
<input checked="" type="checkbox"/> GRADE		4
<input checked="" type="checkbox"/> ANNUAL RATE		\$31,200
<input checked="" type="checkbox"/> HOURLY RATE		\$15.00
<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 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 _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <u>2-15-23</u>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <u>2/15/23</u>
APPROVED BY TOWN MANAGER <i>[Signature] - Assistant Town Mgr</i>	DATE <u>2/15/23</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 <u><i>Hope Sawyers</i></u>	Date <u>2-21-23</u>

Chg on VRS Dec 10.11

# TOWN OF WYTHEVILLE PAY CHANGE FORM

<b>PAYROLL DEPARTMENT</b>		<b>EFFECTIVE DATE</b>
PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		12.1.22
EMPLOYEE NAME <b>Austin L. Shelton</b>		
EMPLOYEE NUMBER <b>1506</b>	DATE HR CHANGED <b>11/30/22</b>	

THE CHANGE(S):	FROM	TO
<input checked="" type="checkbox"/> All Applicable Boxes		
<input type="checkbox"/> DEPARTMENT NUMBER		
<input type="checkbox"/> JOB TITLE		
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE	28,922.40	31,200.00
<input type="checkbox"/> HOURLY RATE	\$13.91	\$15.00
<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 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 11/16/2022
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 11-16-2022
APPROVED BY TOWN MANAGER <b>TBF</b>	DATE 11/16/2022

**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 *allstis [Signature]* Date 11-17-22



TOWN OF WYTHEVILLE PAY CHANGE FORM

Chg on YES Dec 1.11

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 12-1-22
EMPLOYEE NAME <b>Scottie O. Shelton</b>		
EMPLOYEE NUMBER 1592	DATE HR CHANGED 11/30/22 <i>KHJ</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 type="checkbox"/> ANNUAL RATE	28,922.40	31,200.00
<input type="checkbox"/> HOURLY RATE	\$13.91	\$15.00
<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 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 11/16/2022
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 11-16-2022
APPROVED BY TOWN MANAGER <b>TBF</b>	DATE 11/16/2022

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 *Scottie O. Shelton* Date 11-17-22

003 ENTERED

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 04/26/22
EMPLOYEE NAME <b>Troy Shumate</b>	
EMPLOYEE NUMBER <b>1647</b>	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		43700
<input type="checkbox"/> JOB TITLE		Building Maint. Custodian II
<input type="checkbox"/> GRADE		405
<input type="checkbox"/> ANNUAL RATE		\$12.00
<input type="checkbox"/> HOURLY RATE		\$24,960.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input type="checkbox"/> STATUS (FT, PT)		FT
<input type="checkbox"/> SHIFT TIME		2:30pm-11:00pm M-F

OR  
Sun - Thurs  
2:30 - 11:00  
Sun - Thurs.

THE REASON FOR THE

<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>[Signature]</i>	DATE 4-18-22
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 4/18/22
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 4/21/2022

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 *4-25-2022*

VRS  
Plan 2

G23802442 VA / 2/3/26

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	5/31/23	EFFECTIVE DATE	5/31/23
EMPLOYEE NAME <b>Tyler Sickles</b>			
EMPLOYEE NUMBER	1727	DATE HR CHANGED	

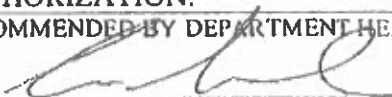
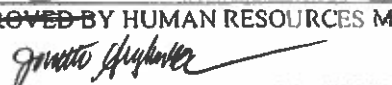

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER	71350	
<input checked="" type="checkbox"/> JOB TITLE	Assistant Swim Coach	
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE	16.30	
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)	PT	
<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	DATE
	6-1-23
APPROVED BY HUMAN RESOURCES MANAGER <i>Director</i>	DATE
	6/2/23
APPROVED BY TOWN MANAGER	DATE
	6/2/2023

*Reviewed w/ Josh Shoney*

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 Tyler Sickles Date 6/13/2023

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE 1-23-2023
EMPLOYEE NAME <b>Brendan Souleyrette</b>	
EMPLOYEE NUMBER 1406	DATE HR CHANGED

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		44200
<input checked="" type="checkbox"/> JOB TITLE		Facility Services Assistant
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$15.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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 _____ (DATE) UNTIL _____ (DATE)	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>Cheryl Joe Jude</i>	DATE 1/19/2023
APPROVED BY HUMAN RESOURCES MANAGER	DATE
APPROVED BY TOWN MANAGER <i>B. T. F.</i>	DATE 1/19/2023

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 Brendan Souleyrette Date 03/00/2023

**TOWN OF WYTHEVILLE PAY CHANGE FORM**

**TO: PAYROLL DEPARTMENT**

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <b>6/9/22</b>
EMPLOYEE NAME <b>Grant Spraker</b>	
EMPLOYEE NUMBER <b>11662</b>	DATE HR CHANGED

*SJS*  
**ENTERED**

**THE CHANGE(S):**

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71380-1102
<input checked="" type="checkbox"/> JOB TITLE		Youth/Teen Rockwall Supv.
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11.23
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<input type="checkbox"/> SHIFT TIME		

**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 _____ (DATE)	UNTIL _____ (DATE)
<input checked="" type="checkbox"/> OTHER (Explain) <u>Crosstrained to 71370-1102 @ \$11 Crossedtrained to 71310-1102 @\$11</u>	

**AUTHORIZATION:**

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE <b>6-9-22</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <b>6/13/22</b>
APPROVED BY TOWN MANAGER Brian Freeman	DATE Digitally signed by Brian Freeman Date: 2022.06.14 16:20:53 -04'00'

**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 **6/16/22**

VA-DL  
T63738838  
exp. 4/14/2025

### TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	9/7/23	EFFECTIVE DATE	9/7/23
EMPLOYEE NAME	Lindsey Sweet		
EMPLOYEE NUMBER	1288	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		
<input type="checkbox"/> HOURLY RATE		
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		non-exempt
<input type="checkbox"/> STATUS (FT, PT)		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) TCode Fitness Instruction \$15 per hour -71290 TCode Athletic Asst. \$15 per hour- 71330	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD	DATE
	9-7-23
APPROVED BY HUMAN RESOURCES REPRESENTATIVE	DATE
Revised 	9/8/23
APPROVED BY TOWN MANAGER	DATE
	9/11/2023

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 \_\_\_\_\_

RECEIVED  
9/8/23

TOWN OF WYTHEVILLE PAY CHANGE FORM

*JRS*  


TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:	EFFECTIVE DATE <b>9/25/2022</b>
EMPLOYEE NAME <b>Tasha Thomas</b>	
EMPLOYEE NUMBER <b>1484</b>	DATE HR CHANGED <i>Will reflect on 9/30/22 check</i>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		43700
<input checked="" type="checkbox"/> JOB TITLE		Custodian III <i>Steve</i>
<input checked="" type="checkbox"/> GRADE		05 <i>Steve</i>
<input checked="" type="checkbox"/> ANNUAL RATE	\$24,585.60	\$26,000.00
<input checked="" type="checkbox"/> HOURLY RATE	\$11.82	\$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 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 <b>9-22-2022</b>
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE <b>9/22/2022</b>
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE <b>9/22/2022</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 *Tasha Thomas* Date **9/26/22**

TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 7/1/2022
EMPLOYEE NAME <b>WILLIAM "BILLY" TIMMINS, IV</b>		
EMPLOYEE NUMBER <b>1436</b>	DATE HR CHANGED	<i>[Signature]</i> <b>ENTERED</b>

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT NUMBER		
<input checked="" type="checkbox"/> JOB TITLE	WWTP OPERATOR IV	WWTP OPERATOR III
<input checked="" type="checkbox"/> GRADE	08	09
<input checked="" type="checkbox"/> ANNUAL RATE	\$30,128.50	\$37,440.00
<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 checked="" type="checkbox"/> OTHER (Explain) BILLY SUCCESSFULLY PASSED THE VA BOARD WASTEWATER WORKS OPERATOR CLASS III EXAM.	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i>	DATE 6/30/2022
APPROVED BY HUMAN RESOURCES MANAGER <i>[Signature]</i>	DATE 6/30/2022
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 6/30/2022

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 7/5/2022



TOWN OF WYTHEVILLE PAY CHANGE FORM

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		08/08/23	EFFECTIVE DATE	08/08/23
EMPLOYEE NAME <b>Andy Utt</b>				
EMPLOYEE NUMBER	1429	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	Battalion Chief	Firefighter/Paramedic
<input checked="" type="checkbox"/> GRADE		
<input checked="" type="checkbox"/> ANNUAL RATE	\$65,000	
<input checked="" type="checkbox"/> HOURLY RATE		\$23/hour
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)	Full Time	Part-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 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>Leaving / resigning full time position and stepping down to part-time position.</u>	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD <i>[Signature]</i> Chief	DATE 07/24/23
APPROVED BY HUMAN RESOURCES REPRESENTATIVE <i>[Signature]</i>	DATE 7/25/23
APPROVED BY TOWN MANAGER <i>[Signature]</i>	DATE 7/25/2023

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 *[Signature]* Date 7/24/2023

TOWN OF WYTHEVILLE PAY CHANGE FORM

SYS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 08/30/22 DOH
EMPLOYEE NAME Adam Watson		
EMPLOYEE NUMBER 1672	DATE HR CHANGED	




THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71370
<input checked="" type="checkbox"/> JOB TITLE		Asst. Recreation Supervisor-Fitness
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		\$11.00
<input checked="" type="checkbox"/> CLASS (Exempt, Non-Exempt)		Non-Exempt
<input checked="" type="checkbox"/> STATUS (FT, PT)		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 type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE 8-23-22
APPROVED BY HUMAN RESOURCES MANAGER 	DATE 8/24/22
APPROVED BY TOWN MANAGER 	DATE 8/24/2022

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 Adam Watson Date 8/26/22

TOWN OF WYTHEVILLE PAY CHANGE FORM

SRS ENTERED

TO: PAYROLL DEPARTMENT

PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: <b>5/3/22</b>	EFFECTIVE DATE <b>5/3/22</b>
EMPLOYEE NAME <b>Mikayla Wells</b>	
EMPLOYEE NUMBER <b>1654</b>	DATE HR CHANGED <b>DOT 5/29/22</b>


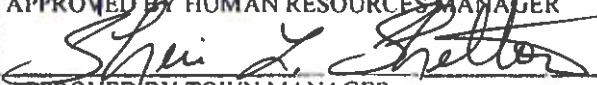

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input checked="" type="checkbox"/> DEPARTMENT NUMBER		71350
<input checked="" type="checkbox"/> JOB TITLE		Lifeguard
<input type="checkbox"/> GRADE		
<input type="checkbox"/> ANNUAL RATE		
<input checked="" type="checkbox"/> HOURLY RATE		11.00
<input type="checkbox"/> CLASS (Exempt, Non-Exempt)		
<input checked="" type="checkbox"/> STATUS (FT, PT)		PT
<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"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE)	UNTIL _____ (DATE)
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

RECOMMENDED BY DEPARTMENT HEAD 	DATE <b>5-6-22</b>
APPROVED BY HUMAN RESOURCES MANAGER 	DATE <b>5/10/22</b>
APPROVED BY TOWN MANAGER 	DATE <b>5/16/2022</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 Mikayla Wells Date 05/20/22