TO: PAYROLL DEPARTME	ENT	
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EI	NG CHANGE(S) 2/24/22	EFFECTIVE DATE 3/24/23
TO YOUR RECORDS TAKING E	FECT ON: 3/24/23	3/24/23
EMPLOYEE NAME Kyle Mi	cah Allov	
EVANCE AND CASE	Cari Alley	
EMPLOYEE NUMBER	DATE HR CHANGED	
THE CHANGE(C).		
THE CHANGE(S):		
✓ All Applicable Boxes  ☐ DEPARTMENT NUMBER	FROM	TO
JOB TITLE		71330
GRADE		Head Official
☐ ANNUAL RATE		
■ HOURLY RATE		00.00
☐ CLASS (Exempt, Non-Exempt)		28.80
STATUS (FT, PT)		PT
☐ SHIFT TIME		Pi
THE REASON FOR THE CH	IANGE(S).	
HIRED		ARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF S	SERVICE INCREASE
☐ PROMOTION	□ RE-EVALUA1	TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	N
☐ TRANSFER FROM	□ RETIREMENT	Γ
☐ MERIT INCREASE		GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	ETED DISCHARGE	GIAMERI ADJOSIMENT
☐ LEAVE OF ABSENCE FR		UNTIL
= 22 S OF ABBERCE I	(DATE)	(DATE)
☐ OTHER (Explain)	(57772)	(OATE)
	= (= 0.000)	
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	CALL TOUR TAXABLE TO	
RECOMMENDED BY DEPARTM	IENTHEAD	DATE
11-10-	-	3-24-23
APPROVED BY HUMAN RESOL	DCES MANACED D. A.	DATE
8 0	INCES MANAGER POP	DATE
Steen t	Durian	3129123
APPROVED BY TOWN MANAG		DATE
D T		2/ 1
D-V		3/27/2023
EMPLOYEE ACKNOWLED	GEMENT	
I have received a copy of the	Town of Wytheville Pay Cha	ange Form and understand that
my hourly/yearly salary is as	indicated above	
Signature A	1/1/2	Date 3/29/23
O'Blimary Comment	4	Date 1/23

TO: PAYROLL DEPARTMEN	IT .	
PLEASE ENTER THE FOLLOWING CHANGE(S) EFF		EFFECTIVE DATE 10/25/2022
TO TOOK RECORDS TAKING EFFECT ON.		
EMPLOYEE NAME John Alli	son	
EMPLOYEE NUMBER	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
E DEPARTMENT NUMBER		43700
■ JOB TITLE		Bullding Maint. Custodian III
■ GRADE		05
ANNUAL RATE		\$27,315.60
HOURLY RATE		\$13.13
CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
□ SHIFT TIME		
	-	
THE REASON FOR THE CHA	NGE(S):	
HIRED	☐ PROBATIONAR	Y PERIOD COMPLETED
□ RE-HIRED		RVICE INCREASE
□ PROMOTION		ON OF EXISTING JOB
		ON OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION	
$\square$ TRANSFER FROM	RETIREMENT	
☐ MERIT INCREASE	☐ SALARY ALIGN	MENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE	TED □ DISCHARGE	
☐ LEAVE OF ABSENCE FRO	M	INTII
	(DATE)	UNTIL (DATE)
OTHER (Explain)	(====,	(====,
ATIMITODIA MIOT		
AUTHORIZATION: RECOMMENDED BY DEPARTME	THE LIE A TA	DATE
RECOMMENDED BY DEPARTME	NAMEAU	DATE
1/4/1		10-21-22
ADDDOVED DV UPWAN DECOUD	CIC MANACED	
APPROVED BY HUMAN RESOUR	LES WANAGER	DATE
Mei L. St	ellow	10-25-22
APPROVED BY TOWN MANAGER		
	- D + 0000 +0 00	
•	Freeman Date: 2022.10.25	
EMPLOYEE ACKNOWLEDG	EMENT	
have received a serve of the Ta	num of Westhouille Des Chann	o Form and understand that
I have received a copy of the To		ge norm and understand that
ny hourly/yearly salary is as inc	licated above.	
8 11		4
Signature & Lower	<del></del> -	Date 10-26-22



TO: PAYROLL DEPARTME	NT	
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	G CHANGE(S) 8/21/22	EFFECTIVE DATE 8/31/23
		0/31/23
EMPLOYEE NAME Kaiden	Michael Atkinson	
EMPLOYEE NUMBER		Mant date:
1943	DATE HR CHANGED	Hart date: 123
1115		1/10/20
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER		71360
■ JOB TITLE	Title: "Recression"	Youth/Teen Genter-Rock Wall - Recreation Assistant
□ GRADE	Assistment - Teen Center / Rock	Hall"
□ ANNUAL RATE		
HOURLY RATE		\$15/ hr
☐ CLASS (Exempt, Non-Exempt) ☐ STATUS (FT, PT)		Non-Exempt PT
☐ SHIFT TIME		F1
THE REASON FOR THE CH	ANGE(S):	
■ HIRED		ARY PERIOD COMPLETED
l .		SERVICE INCREASE
☐ RE-HIRED		
☐ PROMOTION		TION OF EXISTING JOB
DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMENT	·
☐ MERIT INCREASE		GNMENT ADJUSTMENT
│ □ TEMP. SERVICE COMPI		
☐ LEAVE OF ABSENCE FF	COM	_ UNTIL(DATE)
GOTTED (Fl.:)	(DATE)	(DATE)
☐ OTHER (Explain)		
ALIGUADIZATION		
AUTHORIZATION:	TO THE VIEW A PO	DATE
RECOMMENDED BY DEPARTM	IENTHEAD	DATE
In h	( )	8-31-23
APPROVED BY HUMAN RESOL	IRCES REPRESENTATIVE	DATE
Runnel		0/5/23
Julie Her		9/5/23 DATE 9/5/2023
APPROVED BY TOWN MANAG	ER	DATE
B. E	_	9/5/2023
		1,0,000
	CD (D)	
EMPLOYEE ACKNOWLED	DGEMENT	
7.1	The CAN of the City of the Cit	Fame and and and another dather
1		ange Form and understand that
my hourly/yearly salary is as	indicated above.	
- Sile		D
Signature		Date <u>09 - 7 - 23</u>
9/6/23 Offered and accepted	10 9 000 M	touril M. T. W. Th
TIGIZZ Offered and accepted	a a formal gen	ot avail M, T, W, Thy. 9pm 4-9 49, 12:50-7
		1 1 1 1 1 1 1 1 1

O: PAYROLL DEPARTME	TAT	
LEASE ENTER THE FOLLOWING	G CHANGE(S)	EFFECTIVE DATE 6/2/23
O YOUR RECORDS TAKING EF	FECT ON:	0/2/23
MPLOYEE NAME -		
rammy A	yers	
	DATE HR CHANGED	
1729		
HE CHANGE(S):		
	FROM	TO
	110111	71370
		FFL Instructor
		\$15.00
		PT
		<u> </u>
PHE BEAGON FOR THE OH	ANCE(C).	
<b>∃</b> HIRED		RY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF S	ERVICE INCREASE
□ PROMOTION	□ RE-EVALUAT	ION OF EXISTING JOB
	☐ RESIGNATION	V
		l l
		MAINTENT ADJUSTIMENT
$\square$ LEAVE OF ABSENCE FR		
		(DATE)
OTHER (Explain) 71290 Fitne	ss Instructor \$15.00 - TCode.	
A LITHODIZ A TION.		
DECOM (1 (E) (D) DY 200 ( D) DD ( D) DY	ENTERIE A IN	DATE
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
		6-2-23
APPROVED BY HUMAN RESOU	RCES MANAGER R. P	6-2-23 DATE
APPROVED BY HUMAN RESOU	RCES MANAGER R.p.	6-2-23 DATE
	RCES MANAGER R.p.	6-2-23 DATE
APPROVED BY HUMAN RESOU	RCES MANAGER R.p.	6-2-23
APPROVED BY HUMAN RESOU	RCES MANAGER R.p.	6-2-23 DATE
APPROVED BY HUMAN RESOU APPROVED BY TOWN MANAG	PRCES MANAGER R.p  ER	6-2-23 DATE
APPROVED BY HUMAN RESOU	PRCES MANAGER R.p  ER	6-2-23 DATE
APPROVED BY HUMAN RESOU APPROVED BY TOWN MANAG BEMPLOYEE ACKNOWLED	PRCES MANAGER POP.  PROPERTY OF THE PROPERTY O	6-2-23 DATE 6/4/23 DATE 6/8/2023
APPROVED BY HUMAN RESOULABLE APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLED I have received a copy of the	RCES MANAGER P	6-2-23 DATE
APPROVED BY HUMAN RESOU APPROVED BY TOWN MANAG BEMPLOYEE ACKNOWLED	RCES MANAGER P	6-2-23 DATE 6/4/23 DATE 6/8/2023
APPROVED BY HUMAN RESOURCE  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLED  I have received a copy of the my hourly/yearly salary is as	PRCES MANAGER P. P  PER  PGEMENT  Town of Wytheville Pay Chaindicated above.	DATE  GIGINAS  DATE  GISTORS  DATE  DATE  GISTORS  DATE  DATE  DATE  GISTORS  DATE  DAT
APPROVED BY HUMAN RESOULABLE APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLED I have received a copy of the	PRCES MANAGER P. P  PER  PGEMENT  Town of Wytheville Pay Chaindicated above.	6-2-23 DATE 6/4/23 DATE 6/8/2023
	O YOUR RECORDS TAKING EF MPLOYEE NAME Tammy A MPLOYEE NUMBER  THE CHANGE(S):  All Applicable Boxes DEPARTMENT NUMBER DISTRICE GRADE ANNUAL RATE CLASS (Exempt, Non-Exempt) STATUS (FT, PT) SHIFT TIME  THE REASON FOR THE CH HIRED RE-HIRED PROMOTION DEMOTION TRANSFER FROM MERIT INCREASE TEMP. SERVICE COMPL LEAVE OF ABSENCE FR	O YOUR RECORDS TAKING EFFECT ON:  MPLOYEE NAME Tammy Ayers  MPLOYEE NUMBER DATE HR CHANGED  THE CHANGE(S):  All Applicable Boxes FROM  DEPARTMENT NUMBER  JOB TITLE  GRADE  ANNUAL RATE  HOURLY RATE  CLASS (Exempt, Non-Exempt)  STATUS (FT, PT)  SHIFT TIME  THE REASON FOR THE CHANGE(S):  HIRED PROBATIONA  RE-HIRED LENGTH OF S  PROMOTION RESIGNATION  TRANSFER FROM RETIREMENT  MERIT INCREASE SALARY ALIC  TEMP. SERVICE COMPLETED DISCHARGE  COTHER (Explain) 71290 Fitness Instructor \$15.00 - T C & Cole

TO: PAYROLL DEPARTMI	ENT	
PLEASE ENTER THE FOLLOWIN	NG CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING E	FFECT ON:	(e) 13/2028
EMPLOYEE NAME Nelson	Banes	
EMPLOYEE NUMBER /458	DATE HR CHANGED	Ol Spores
THE CHANGE(S):		CAN LINED
✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER	110111	71400
■ JOB TITLE		Laborer I
<b>■</b> GRADE		4
■ ANNUAL RATE		\$24,960
■ HOURLY RATE		\$12.00
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE C	HANGE(S):	
■ HIRED		IARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
		TION OF EXISTING JOB
DEMOTION	□ RESIGNATIO	
I .		
☐ TRANSFER FROM	RETIREMEN	25
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMP.		3
☐ LEAVE OF ABSENCE F	ROM	INTI
	(DATE)	UNTIL(DATE)
☐ OTHER (Explain)	(DATE)	(DATE)
☐ OTHER (Explain)	(DATE)	(DATE)
☐ OTHER (Explain)	(DATE)	(DATE)
	(DATE)	(DATE)
AUTHORIZATION:	(DATE)	
AUTHORIZATION: RECOMMENDED BY DEPART	(DATE)	(DATE)
AUTHORIZATION:	(DATE)	DATE
AUTHORIZATION:  RECOMMENDED BY DEPART	(DATE)	DATE 5-13-22
AUTHORIZATION: RECOMMENDED BY DEPART	(DATE)	DATE
AUTHORIZATION:  RECOMMENDED BY DEPART	(DATE)	DATE 5-13-22
AUTHORIZATION:  RECOMMENDED BY DEPARTI  APPROVED BY HUMAN RESO	MENT HEAD  URCES MANAGER	DATE 5-13-22 DATE 5/19/22
AUTHORIZATION:  RECOMMENDED BY DEPARTION:  APPROVED BY HUMAN RESOLUTION:  APPROVED BY TOWN MANAGEMENT APPROVED BY TOWN APPROVED B	MENT HEAD  URCES MANAGER	DATE 5-13-22 DATE 5/19/22
AUTHORIZATION:  RECOMMENDED BY DEPARTI  APPROVED BY HUMAN RESO	MENT HEAD  URCES MANAGER	DATE 5-13-22
AUTHORIZATION:  RECOMMENDED BY DEPARTION:  APPROVED BY HUMAN RESOLUTION:  APPROVED BY TOWN MANAGEMENT APPROVED BY TOWN APPROVED B	MENT HEAD  URCES MANAGER  GER	DATE 5-13-22 DATE 5/19/22
AUTHORIZATION:  RECOMMENDED BY DEPART  APPROVED BY HUMAN RESO  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLE	MENT HEAD  URCES MANAGER  GER  DGEMENT	DATE  5-13-22  DATE  5/19/22  DATE  5/24/22
AUTHORIZATION:  RECOMMENDED BY DEPART  APPROVED BY HUMAN RESO  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLE	MENT HEAD  URCES MANAGER  GER  DGEMENT  Town of Wytheville Pay Cl	DATE  5-13-22  DATE  5/19/22
AUTHORIZATION:  RECOMMENDED BY DEPARTION:  APPROVED BY HUMAN RESOME  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLE  I have received a copy of the	URCES MANAGER  GER  DGEMENT  Town of Wytheville Pay Clarindicated above.	DATE  5-13-22  DATE  5/19/22  DATE  5/24/22
AUTHORIZATION:  RECOMMENDED BY DEPARTI  APPROVED BY HUMAN RESO  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLE  I have received a copy of the my hourly/yearly salary is as Signature Relay 2.	URCES MANAGER  GER  DGEMENT  Town of Wytheville Pay Clarindicated above.	DATE $5 - 13 - 22$ DATE $5/19/22$ DATE $5/24/22$ hange Form and understand that
AUTHORIZATION:  RECOMMENDED BY DEPARTION:  APPROVED BY HUMAN RESOME  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLE  I have received a copy of the my hourly/yearly salary is as	URCES MANAGER  GER  DGEMENT  Town of Wytheville Pay Clarindicated above.	DATE $5 - 13 - 22$ DATE $5/19/22$ DATE $5/24/22$ hange Form and understand that

Ep: 3/10/07

# SAS.

<u> TO: PAYROLL DEPARTMEN</u>	NT	
PLEASE ENTER THE FOLLOWING	CHANGE(S)	EFFECTIVE DATE 6/21/2022
TO YOUR RECORDS TAKING EFF	ECT ON:	6/2 /2022
EMPLOYEE NAME Mark Ba	SS	
EMPLOYEE NUMBER		
LIVIT EO TEE NOMBER	DATE HR CHANGED	
100		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
■ DEPARTMENT NUMBER	210112	71400
■ JOB TITLE	*	Laborer I
■ GRADE		4
■ ANNUAL RATE		\$24,960.00
HOURLY RATE		\$12.00
CLASS (Exempt, Non-Exempt)		Non-grempt
STATUS (FT, PT)		1:00 Am - 3:30 pm
■ SHIFT TIME		1:00 Am - 3:30 pm
		,
THE REASON FOR THE CHA	NGE(S):	
■ HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
□ DEMOTION	☐ RESIGNATION	
☐ TRANSFER FROM		
	□ RETIREMENT	1
☐ MERIT INCREASE		GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE		
☐ LEAVE OF ABSENCE FRO	OM	_UNTIL
		(DATE)
☐ OTHER (Explain)		
AUTHORIZATION:		
RECOMMENDED BY DEPARTME	NT HEAD	DATE
1021	h	
- Chapter V-		6-2-22
APPROVED BY HUMAN RESOUR	CES MANAGER	DATE
- 56 000 9 5	10 A	1-1-3/22
C/Ilu AC	Total	6/13/20
APPROVEDBY TOWN MANAGER		DATE'
The a	Hala	6.2.22
	7000	6 a a d
EMPLOYEE ACKNOWLEDO	EMENT	
I have received a second City To	- CW - 1 11 5 C	
I have received a copy of the To	own of Wytheville Pay Cha	nge Form and understand that
my hourly/yearly salary is as in	dicated above.	
Signature Mark Bas	$\circ$	1 10 00
Signature // 100		_ Date 6-15-22



		ocal Comment
TOWN OF W	YTHEVILLE PAY CHA	NGE FORM
TO: PAYROLL DEPARTMEN	T	
PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE
TO YOUR RECORDS TAKING FEEL	SCT ON:	8/1/2022
EMPLOYEE NAME William E	Bell	
EMPLOYEE NUMBER	DATE HR CHANGED	
1009		<u> </u>
THE CHANGE(S):		
✓ All Applicable Boxes  ■ DEPARTMENT NUMBER	FROM	TO
JOB TITLE		71400
■ GRADE		Laborer I
■ ANNUAL RATE		4
■ HOURLY RATE		\$24,960.00 \$12.00
□ CLASS (Exempt, Non-Exempt)		\$12.00
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CHA	NGE(S):	
■ HIRED	PROBATIONA	ARY PERIOD COMPLETED
□ RE-HIRED	_	SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
□ DEMOTION	☐ RESIGNATIO	
☐ TRANSFER FROM		- I
	DRETIREMENT	1
☐ MERIT INCREASE		GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE		
$\square$ LEAVE OF ABSENCE FRO		_UNTIL
OTHER (Explain)	(DATE)	(DATE)
AUTHORIZATION:		
RECOMMENDED BY DEPARTMEN	NT HEAD	DATE
1 0-1 W	and the same of th	D 10.33
APPROVED BY SUMAN RESOURCE	CUSMANAGER	DATE
	2 AL	ahalaa
Land Line	Matter	1/40/00
APPROVED BY TOWN MANAGER	Brian Digitally signed Freeman	l by Brian DATE
•	Freeman Date: 2022.07. 09:10:32 -04'00	
EMPLOYEE ACKNOWLEDG	EMENT	
I have received a copy of the To my hourly/yearly salary is as ind	wn of Wytheville Pay Cha licated above.	nge Form and understand that
Signature il WifaW		Date 1-26-33
VA-DL		

5/15/2025



TO: PAYROLL DEPARTME	NT	
PLEASE ENTER THE FOLLOWING	G CHANGE(S) 2/11/2022	EFFECTIVE DATE 2/11/2022
I TO TOOK RECORDS TAKING EIT	LCI OI1.	2/11/2022
EMPLOYEE NAME Landon	Bennett	
EMPLOYEE NUMBER	DATE HR CHANGED	
1639	DATE III CHANGED	DOH 3/31/2022
1990		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER		71330
JOB TITLE		Official
□ GRADE		
☐ ANNUAL RATE		
HOURLY RATE		\$11
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
☐ SHIFT TIME	Activities and the second seco	
THE REASON FOR THE CH		
<b>■</b> HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
□ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB
DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMEN	I
☐ MERIT INCREASE		GNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FR	(DATE)	UNTIL
☐ OTHER (Explain)T-Code 71		(DATE)
AUTHORIZATION:		
REGOMMENDED BY DEPARTM	IENT HEAD	DATE
III An I. A		2/11/2022
1 ('WM) (1)		
APPROVED BY HUMAN RESOL	IRCES MANAGER	DATE
	1) 1	2/17/22
Shew 2. C	hello	3/1/33
APPROVED BY TOWN MANAG	ĘR '	DATE 2/17/2022
1 R. T. — 8		2/11/2022
EMPLOYEE ACKNOWLED	OGEMENT	
11	Town of Wathavilla Day Cl	ange Form and understand that
I have received a copy of the	indicated above	nange Form and understand that
my hourly/yearly salary is as	indicated above.	
Signature amodin	N =	Date 3/18/22
	Bunut	5. 21W.11/.

TO: PAYROLL DEPARTMEN		
PLEASE ENTER THE FOLLOWING	CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EFFE	CT ON:	
EMPLOYEE NAME Lori Bower	1 3	*
EMPLOYEE NUMBER	DATE HR CHANGED	T
1707		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER		71300
B JOB TITLE		Front Desk Attendant
☐ GRADE		i i i
ANNUAL RATE		
HOURLY RATE		\$15
CLASS (Exempt, Non-Exempt)		
☐ SHIFT TIME		PT
U SITT THATE		
THE REASON FOR THE CHA	NGE(S).	
HIRED		ADV DEDICE COLOR STORE
		ARY PERIOD COMPLETED
☐ RE-HIRED		SERVICE INCREASE
□ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	-
☐ TRANSFER FROM	$\_\_$ $\square$ RETIREMEN	-
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE	ΓED □ DISCHARGE	
☐ LEAVE OF ABSENCE FRO	M	UNTIL
OTHER (Explain)	(DATE)	(DATE)
LOTHER (Explain)		
AUTHORIZATION:		
RECOMMENDED BY DEPARTMEN	T HEAD	DATE
ind		2-14-23
APPROVED BY HUMAN RESOURCE	CES MANAGER RAD.	DATE
2 Qui 5	,	1
- Xulen	encen	2-33-35
APPROVED BY TOWN MANAGER		DATE
80FT		2-22-23 Z-22-23
EMPLOYEE ACKNOWLEDG	EMENT	
I have received a so	on a C West will D. C.	
I have received a copy of the To my hourly/yearly salary is as ind	wn of wytheville Pay Ch licated above.	nange Form and understand that
- Am		~!~ ! ~ ~
Signature		Dota 2124123



TO: PAYROLL DEPARTME	NT	<b>&gt;</b>
PLEASE ENTER THE FOLLOWIN	G CHANGE(S)	EFFECTIVE DATE 3/28/22
TO YOUR RECORDS TAKING EF	FECT ON:	3/28/22
EMPLOYEE NAME Nictor	o tuo in	
Misty Ca		
EMPLOYEE NUMBER	DATE HR CHANGED	2/20/22
1642		3/28/22
THE CHANGE(S):		
✓ All Applicable Boxes	FDOM	
☐ DEPARTMENT NUMBER	FROM	ТО
□ JOB TITLE		
□ GRADE		
☐ ANNUAL RATE		
■ HOURLY RATE		\$13.00
☐ CLASS (Exempt, Non-Exempt)		<b>V10.00</b>
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH.	ANGE(S):	
□HIRED	☐ PROBATION	ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMEN	
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLI	ETED  DISCHARGE	
☐ LEAVE OF ABSENCE FR		·
LEAVE OF ADSENCE IN	(DATE)	UNTIL
OTHER (Explain) t-code 712		t-code 71370 EEL
= 0111Bit (Baptain), oods , 1	200 VIII.00 for training pay	t-code / 13/0 FFL
ATTUODIZATION.		
AUTHORIZATION:  RECOMMENDED BY DEPARTM	THE LIE LE	
1 / 1/	ENI HEAD	DATE
1 Nunte 1		3-78-7
AFPROVED BY HUMAN RESOUR	RCES MANAGER	DATE
-81. 9	20	1 .
Ohlu 2. (	Thellow	3/28/22
APPROVED BY TOWN MANAGE	R	DATE /
8 7		3/29/2022
P		31-11-00
EMPLOYEE ACKNOWLEDG	ССМСИТ	
	JEMEN I	
I have received a conv of the T	own of Wytheville Pay Ch	ange Form and understand that
my hourly/yearly salary is as in		ango romi and understand mat
A A A	A A STATE OF THE S	1 1
Signature Wixty (7	tim	Data 4/1/10
Digitature / 1. Way	NVVIV	Date 4/1/22
	<del></del>	

TO: PAYROLL DEPARTME		
PLEASE ENTER THE FOLLOWIN	NG CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EI	_	275/22
Carlie Carlie	Charles	DOH 5/31/2000
EMPLOYEE NUMBER /64	DATE HR CHANGED	المدانسان المحاف
THE CHANGE(S):		24 Can a Feb at
✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER	1 KOW	71310-1102
JOB TITLE		Kidventure Couselor
GRADE		
☐ ANNUAL RATE  ■ HOURLY RATE	SERVICE PARTIES PARTIES AND ADMINISTRATION OF THE PARTIES AND ADMINISTRATI	
CLASS (Exempt, Non-Exempt)		\$11
STATUS (FT, PT)		PT
☐ SHIFT TIME		
THE REASON FOR THE CI		
HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
		ATION OF EXISTING JOB
☐ TRANSFER FROM	☐ RESIGNATI	
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CI DERVE OF ABSENCE !!	(DATE)	(DATE)
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AUTHORIZATION:	AENT HEAD	DATE
AUTHORIZATION: RECOMMENDED BY DEPARTM	MENT HEAD	DATE
AUTHORIZATION: RECOMMENDED BY DEPARTM		DATE S-5-22
AUTHORIZATION: RECOMMENDED BY DEPARTM		~ -
AUTHORIZATION: RECOMMENDED BY DEPARTM		S-S-22 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTM	IRCES MANAGER	S-5-22 DATE 5/10/22
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESO	IRCES MANAGER	S-5-22 DATE 5/10/22
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESO	IRCES MANAGER	S-5-22 DATE 5/10/22
AUTHORIZATION:  RECOMMENDED BY DEPARTM  APPROVED BY HUMAN RESOLUTION  APPROVED BY HUMAN RESOLUTI	IRCES MANAGER	S-5-22 DATE 5/10/22
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLES	JRCES MANAGER  JERCES MANAGER  DER  DER  DIEGER  DIEGE	S-5-22 DATE  5/10/22 DATE  5/16/2022
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLEI  I have received a copy of the	JRCES MANAGER  JERCES MANAGER  DER  DER  DGEMENT  Town of Wytheville Pay C	S-5-22 DATE 5/10/22
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLES	JRCES MANAGER  JERCES MANAGER  DER  DER  DGEMENT  Town of Wytheville Pay C	S-5-22 DATE  5/10/22 DATE  5/16/2022
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLEI  I have received a copy of the	JRCES MANAGER  JERCES MANAGER  DER  DER  DGEMENT  Town of Wytheville Pay C	S-5-22 DATE  5/10/22 DATE  5/16/2022
AUTHORIZATION: RECOMMENDED BY DEPARTM APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANACE  EMPLOYEE ACKNOWLEI  I have received a copy of the my hourly/yearly salary is as  Signature Authorization	JRCES MANAGER  JERCES MANAGER  DER  DER  DGEMENT  Town of Wytheville Pay C	DATE  S 10 22  DATE  5/16/2022  Change Form and understand that
AUTHORIZATION: RECOMMENDED BY DEPARTMAN APPROVED BY HOMAN RESOLUTION APPROVED BY TOWN MANACE  EMPLOYEE ACKNOWLEI  I have received a copy of the my hourly/yearly salary is as  Signature Authorization	JRCES MANAGER  JERCES MANAGER  DER  DER  DGEMENT  Town of Wytheville Pay C	DATE  S 10 22  DATE  5/16/2022  Change Form and understand that
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TO: PAYROLL DEPARTME	ENT	
PLEASE ENTER THE FOLLOWIN		EFFECTIVE DATE
TO YOUR RECORDS TAKING EI	FECT ON:	
EMPLOYEE NAME Carly C	haster	DOH 5/31/22
EMPLOYEE NUMBER 165	. I HATE HELL HANGELL	1000
100		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
DEPARTMENT NUMBER		71310-1102
JOB TITLE		Kidventure Couselor
□ GRADE		
O ANNUAL RATE		
HOURLY RATE		\$11
☐ CLASS (Exempt, Non-Exempt) ☐ STATUS (FT, PT)		
D SHIFT TIME		PT
		I
THE REASON FOR THE CH	IANGE(S):	
■ HIRED	☐ PROBATION	ARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
□ PROMOTION	🗀 RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMEN	<del></del>
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPI		
LEAVE OF ABSENCE FR		
ELAVE OF ABSENCE IT	ROM	(DATE)
☐ OTHER (Explain)	,	
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	MENT HEAD	DATE
MINTERLIA		5-5-22
APROVED BY HUMAN RESOL	IRCES MANAGER	DATE
	4-01	112/2
Their 20	nellos	5/13/22
APPROVED BY TOWN MANAG	ER	DATE
BITT		5/13/22 DATE 5/16/2022
レート		7,10,000
EMPLOYEE ACKNOWLED	OGEMENT	
I have received a copy of the my hourly/yearly salary is as		hange Form and understand that
Signature Carly Ona	nli	Date 5/20/2022
T63738591		
VAIDL		

EXP. 4/6/2025

TO: PAYROLL DEPARTMENT		
PLEASE ENTER THE FOLLOWING	G CHANGE(S)	EFFECTIVE DATE
TO VOLID DECODING TAKING DEL		
EMPLOYEE NAME Brianna C	'adv	
- Dilatina C	ouy	
EMPLOYEE NUMBER	DATE HR CHANGED	
17081		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
■ DEPARTMENT NUMBER		71330
■ JOB TITLE		Official
□ GRADE		
☐ ANNUAL RATE		
■ HOURLY RATE		\$11
☐ CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
□ SHIFT TIME		
THE REASON FOR THE CHA	NICE(S)	
HIRED		IARY PERIOD COMPLETED
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☐ LEAVE OF ABSENCE FR	OM	UNTIL
	(DATE)	(DATE)
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AUTHORIZATION:		
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	ENT HEAD	1 "1 " 1
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APPROVED BY HUMAN RESOUR	CES MANAGER	DATE
0	COLS WITH AGEN	DATE
7 Quent	dan	
APPROVED BY TOWN MANAGE	R	DATE
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DD T		11/16/2022
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EMPLOYEE ACKNOWLED	CEMENIT	
EMPLOTEE ACKNOWLED	JEMEN I	
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		hange Form and understand that
my hourly/yearly salary is as in	ndicated above.	
D.	( 1	11 12 -
Signature Blam J	Cody	Date 11-18-22



TO: PAYROLL DEPARTME	NT	Tood of the
PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE 5/5/22
TO YOUR RECORDS TAKING EF	5/5/2	
EMPLOYEE NAME	Combs	
I-SSac		
EMPLOYEE NUMBER 1650	DATE HR CHANGED	Dolf 5/31/22
THE CHANGE(S):		, ,
✓ All Applicable Boxes	FROM	ТО
■ DEPARTMENT NUMBER		71310-1102
■ JOB TITLE		Kidventure Couselor
□ GRADE		
☐ ANNUAL RATE		
HOURLY RATE		\$11
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		РТ
☐ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
HIRED		IARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
□ DEMOTION		
☐ TRANSFER FROM		
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☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FR		UNTIL
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OTHER (Explain)	1 + + 1 · · · · · · · · · · · · · · · ·	
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AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
Ment BIA		5-5-33
APPROVED BY HUMAN RESOU	BGES MANAGER	DATE
10 06	211	
Shui 2	hellos	5/16/2022
APPROVED BY TOWN MANAGE	ER	DATE'
B_E		5/11/7/17
- Television and a series and a	Service of the servic	3/10/2022
EMPLOYEE ACKNOWLED	GEMENT	
I have received a copy of the my hourly/yearly salary is as i		hange Form and understand that
Signature (OSWAL C	rus)	Date 5-19-22
DL		

VA | DL T 65830445 Exp: 12/11/2086

TO: PAYROLL DEPARTMENT		
PLEASE ENTER THE FOLLOWING CHA	NGE(S)	EFFECTIVE DATE 1/26/2023
TO YOUR RECORDS TAKING EFFECT (	ON.	1/26/2023
EMPLOYEE NAME		
Dulie Con	morton	
EMPLOYEE NUMBER D/	ATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER		71330
■ JOB TITLE		Official
□ GRADE		
□ ANNUAL RATE		
■ HOURLY RATE		\$15
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
THE REASON FOR THE CHANGE	E(S):	
<b>≅</b> HIRED	□ PROBATION	NARY PERIOD COMPLETED
□ RE-HIRED		F SERVICE INCREASE
☐ PROMOTION		ATION OF EXISTING JOB
DEMOTION	☐ RESIGNATI	
☐ TRANSFER FROM		
	RETIREME	
☐ MERIT INCREASE		LIGNMENT ADJUSTMENT
TEMP. SERVICE COMPLETED		
☐ LEAVE OF ABSENCE FROM _		
- DESTRICT ADDITION -		UNTIL
_	(DATE)	UNTIL (DATE)
OTHER (Explain) T-Code 71330. R	(DATE)	
_	(DATE)	
_	(DATE)	
_	(DATE)	
C) OTHER (Explain) T-Code 71330. R	(DATE)	
OTHER (Explain) T-Code 71330. R	(DATE) ef pay \$15/20/25	(DATE)
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AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H	(DATE) lef pay \$15/20/25	DATE
OTHER (Explain) T-Code 71330. R	(DATE) lef pay \$15/20/25	(DATE)
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H	(DATE) lef pay \$15/20/25	DATE  DATE  DATE
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H  APPROVED BY THE TOWN MANAGER	(DATE) sef pay \$15/20/25	DATE   -24-23   DATE   -24-23
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H	(DATE) sef pay \$15/20/25	DATE  DATE  DATE
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H  APPROVED BY THE TOWN MANAGER  H. R. DEPT. ACKNOWLEDGEMENT OF	(DATE) sef pay \$15/20/25	DATE    DATE    -24-23   DATE    / 26/2023   DATE
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H  APPROVED BY THE TOWN MANAGER	(DATE) sef pay \$15/20/25	DATE   -24-23   DATE   -24-23
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AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H  APPROVED BY THE TOWN MANAGER  H. R. DEPT. ACKNOWLEDGEMENT OF	(DATE) sef pay \$15/20/25  IEAD  R  FRECEIPT	DATE    DATE    -24-23   DATE    / 26/2023   DATE
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AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H  APPROVED BY THE TOWN MANAGER  H. R. DEPT. ACKNOWLEDGEMENT OF  EMPLOYEE ACKNOWLEDGEM  I have received a copy of the Town	(DATE) ef pay \$15/20/25  EAD  R  FRECEIPT  ENT  Of Wytheville Pay (	DATE    -24-22   DATE    / 26/2023   DATE    / 26/2023
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H  APPROVED BY THE TOWN MANAGER  H. R. DEPT. ACKNOWLEDGEMENT OF	(DATE) ef pay \$15/20/25  EAD  R  FRECEIPT  ENT  Of Wytheville Pay (	DATE    -34-32   DATE    / 26/2023   DATE      36   2023
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H  APPROVED BY THE TOWN MANAGER  H. R. DEPT. ACKNOWLEDGEMENT OF  EMPLOYEE ACKNOWLEDGEM  I have received a copy of the Town my hourly/yearly salary, is as indicated a copy of the Town my hourly/yearly salary.	(DATE) ef pay \$15/20/25  EAD  R  FRECEIPT  ENT  Of Wytheville Pay (	DATE   -24-23  -24-23  -24-23  -24-23  -24-23  -24-23  -24-23  -24-23  -24-23  -24-23
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT H  APPROVED BY THE TOWN MANAGER  H. R. DEPT. ACKNOWLEDGEMENT OF  EMPLOYEE ACKNOWLEDGEM  I have received a copy of the Town	(DATE) ef pay \$15/20/25  EAD  R  FRECEIPT  ENT  Of Wytheville Pay (	DATE    -34-32   DATE    / 26/2023   DATE      36   2023

Revised, 11 1 2013

TO: PAYROLL DEPARTM	ENT		
PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON:		EFFECTIVE DATE 8/20/23	
EMPLOYEE NAME William	Crockett		· 14r
EMPLOYEE NUMBER 1689	DATE HR CHANGED	start date as part-time 8/20/2023	a should be all I
		( Deat to send resignation LIK	per 100 pt 8/21
THE CHANGE(S):		Deany Kelly to on 8/21/23 6	211:50
✓ All Applicable Boxes	FROM	ТО	1 30 AC
■ DEPARTMENT NUMBER	44200	44200	
JOB TITLE	Facility Services Specialist	Facility Services Specialist	
GRADE			
■ ANNUAL RATE	\$35,069		
■ HOURLY RATE		\$17.00	
CLASS (Exempt, Non-Exempt)	Non-Exempt	Non-Exempt	
STATUS (FT, PT)	FT	PT	
■ SHIFT TIME	Varies	Varies	
			ı
THE REASON FOR THE CI	HANGE(S):		
□ HIRED	$\square$ PROBATION.	ARY PERIOD COMPLETED	
□ RE-HIRED	☐ LENGTH OF:	SERVICE INCREASE	
☐ PROMOTION		TION OF EXISTING JOB	
DEMOTION	□ RESIGNATIO		
☐ TRANSFER FROM	· · · · · · · · · · · · · · · · · · ·		
	DRETIREMEN		
☐ MERIT INCREASE		GNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPI	LETED   DISCHARGE		
□ LEAVE OF ABSENCE FI	ROM	UNTIL	
OTHER (Explain) Wish	hes to become Drug	f-Yime (DATE)	
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AUTHORIZATION:			
RECOMMENDED BY DEPARTM	CENT HEAD	DATE	7 1 -1-1-
I COMMENDED BY DEFARTIV	A HEAD	DALE JAMAZ	ncil 8/18/23
CXOG The She	de	8/18/2023	
APPROVED BY HUMAN RESOU	RCES REPRESENTATIVE	DATE (	
999		8/21/23	
APPROVED BY TOWN MANAG	ER	DATE	1
R		6/21/70=7	,
PMAC		8/2116023	<u>'</u>
EMPLOYEE ACKNOWLED	GEMENT	DATE 8/18/2023 DATE 8/21/23 DATE 8/21/2023	
I have received a conv of the	Fown of Wytheville Pay Cha	inge Form and understand that	]
<del>-</del> -		inge roim and understand that	
my hourly/yearly salary is as i	ndicated above.		
Ciamataua		D 4	
Signature		Date	

TO: PAYROLL DEPARTMEN	4 Y	
PLEASE ENTER THE FOLLOWING	EFFECTIVE DATE 11-14-22	
TO YOUR RECORDS TAKING EFF	11-14-22	
EMPLOYEE NAME Cordell Cr	'OV	
EMPLOYEE NUMBER	DATE HR CHANGED	
1680		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER		71330
■ JOB TITLE		Official
GRADE		
□ ANNUAL RATE		
HOURLY RATE		\$11
CLASS (Exempt, Non-Exempt)		
■ STATUS (FT, PT) □ SHIFT TIME		PT
LI SHIFT TIME		
THE REASON FOR THE CHA		
■ HIRED	□ PROBATION	ARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	
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☐ MERIT INCREASE		
1		IGNMENT ADJUSTMENT
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☐ LEAVE OF ABSENCE FRO	M	UNTIL
☐ LEAVE OF ABSENCE FRO	(DATE)	
	(DATE)	UNTIL
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☐ LEAVE OF ABSENCE FRO	(DATE)	UNTIL
☐ LEAVE OF ABSENCE FRO	(DATE)	UNTIL
☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain) T-code for office	(DATE) sial at \$15/\$20/\$25	UNTIL(DATE)
□ LEAVE OF ABSENCE FRO  □ OTHER (Explain) T-code for office  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT	(DATE) sial at \$15/\$20/\$25	UNTIL(DATE)
□ LEAVE OF ABSENCE FRO  □ OTHER (Explain) T-∞de for office  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT  Crystal Hylton	(DATE) cial at \$15/\$20/\$25	UNTIL(DATE)  DATE  11-14-22
□ LEAVE OF ABSENCE FRO  □ OTHER (Explain) T-code for office  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT	(DATE) cial at \$15/\$20/\$25	UNTIL(DATE)
□ LEAVE OF ABSENCE FRO  □ OTHER (Explain) T-∞de for office  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT  Crystal Hylton	(DATE) cial at \$15/\$20/\$25	DATE 11-14-22 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT Crystal Hylton APPROVED BY HUMAN RESOURCE	(DATE) cial at \$15/\$20/\$25	DATE 11-14-22 DATE
□ LEAVE OF ABSENCE FRO  □ OTHER (Explain) T-∞de for office  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT  Crystal Hylton	(DATE) cial at \$15/\$20/\$25	DATE 11-14-22 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT Crystal Hylton APPROVED BY HUMAN RESOURCE	(DATE) cial at \$15/\$20/\$25	DATE 11-14-22 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT Crystal Hylton APPROVED BY HUMAN RESOURCE	(DATE) cial at \$15/\$20/\$25	UNTIL(DATE)  DATE  11-14-22
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AUTHORIZATION: RECOMMENDED BY DEPARTMENT Crystal Hylton APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGER	(DATE) sial at \$15/\$20/\$25  NT HEAD  CES MANAGER	DATE 11-14-22 DATE
AUTHORIZATION: RECOMMENDED BY DEPARTMENT Crystal Hylton APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGER EMPLOYEE ACKNOWLEDG	(DATE)  cial at \$15/\$20/\$25   NT HEAD  CES MANAGER  EMENT	DATE 11-14-22 DATE   11/14/2008 DATE   11/14/2008
AUTHORIZATION: RECOMMENDED BY DEPARTMENT Crystal Hylton APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGER EMPLOYEE ACKNOWLEDG	(DATE)  cial at \$15/\$20/\$25  NT HEAD  CES MANAGER  EMENT  wn of Wytheville Pay Characters	DATE 11-14-22 DATE   11/14/2008 DATE   11/14/2008
AUTHORIZATION: RECOMMENDED BY DEPARTMENT Crystal Hylton APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGER EMPLOYEE ACKNOWLEDG	(DATE)  cial at \$15/\$20/\$25  NT HEAD  CES MANAGER  EMENT  wn of Wytheville Pay Characters	DATE 11-14-22 DATE   11/14/2022   DATE   11/14/2022
AUTHORIZATION:  RECOMMENDED BY DEPARTMENT Crystal Hylton  APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGER  EMPLOYEE ACKNOWLEDGE  I have received a copy of the To	(DATE)  cial at \$15/\$20/\$25  NT HEAD  CES MANAGER  EMENT  wn of Wytheville Pay Characters	DATE 11-14-22 DATE   11/14/2022   DATE   11/14/2022

TO: PAYROLL DEPARTMENT	NT	
PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING EF	G CHANGE(S) 40/40/20	EFFECTIVE DATE 40/40/20
TO YOUR RECORDS TAKING EFF	10/18/22	
EMPLOYEE NAME Hayden	DePous	
Hayuen	Dellens	
EMPLOYEE NUMBER	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER	eque.	71350
■ JOB TITLE		Lifeguard
□ GRADE		
□ ANNUAL RATE		
■ HOURLY RATE		11.00
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
SHIFT TIME		varies
THE REASON FOR THE CH	ANGE(S):	
HIRED	[] PROBATIONAL	RY PERIOD COMPLETED
□ RE-HIRED		ERVICE INCREASE
□ PROMOTION		ON OF EXISTING JOB
☐ DEMOTION	RESIGNATION	•
☐ TRANSFER FROM	□ RETIREMENT	
☐ MERIT INCREASE		INMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	ETED ☐ DISCHARGE	
☐ LEAVE OF ABSENCE FR	OM	UNTIL
	(DATE)	(DATE)
OTHER (Explain)		
ALITHODIZATION.		
AUTHORIZATION: RECOMMENDED BY DEPARTM	ENDERE TR	DATE
RECOMMENDED BY DEPERTM	EDIT FIE AU	DATE
1 // /		10-18-22
APPROVED BY BUMAN RESQU	PCERMANAGER	DATE
ATTROVED ET BOWART RESUO	NCESTAINAGER	
Shin	Sheltos	10/18/22
APPROVED BY TOWN MANAGE	ER Drian Olgitally signed	hy Brian DATE
	Brian	·
1	Freeman Date: 2022.10.1	
EMPLOYEE ACKNOWLED	GEMENT	
	T	
I have received a copy of the	Cown of Wytheville Pay Cha	nge Form and understand that
,		1180 1 offit and andorstand mat
my hourly/yearly salary is as i	nuicateu above.	
1 1 1 Da		5 10175/22
Signature Auglen Dellers		Date 10/25/22

,	TO: PAYROLL DEPARTME	NT			
	PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	G CHANGE(S)	E 147100	EFFECTIVE DATE 5/17/23	
	TO YOUR RECORDS TAKING EF	FECT ON:	5/1//23	5/17/23	
[	EMPLOYEE NAME Lianna	Dille			
i	Lianna i	חסוווע			
	EMPLOYEE NUMBER	DATE HR	CHANGED	5/47/00	
	1719			5/17/23	
	THE CHANGE(S):				
1	✓ All Applicable Boxes	FI	ROM	TO	
	■ DEPARTMENT NUMBER	T I	COM	TO	
	■ JOB TITLE			7131	
	■ GRADE			Kidventure Counselor	
ŀ	☐ ANNUAL RATE				
-	■ HOURLY RATE				
-				15.00	
-	CLASS (Exempt, Non-Exempt)				
-	STATUS (FT, PT)			PT	
Į	☐ SHIFT TIME				
	THE REASON FOR THE CH.	ANGE(S):			
	■ HIRED		PROBATIONA	RY PERIOD COMPLETED	
	□ RE-HIRED			ERVICE INCREASE	
	□ PROMOTION				
	<del>-</del> - ·			ION OF EXISTING JOB	
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1	☐ TRANSFER FROM		RETIREMENT	`	
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	☐ LEAVE OF ABSENCE FRO	OIVI	(DATE)	(DATE)	
	☐ OTHER (Explain)				
	Correct (Explain)				
l					
	AUTHORIZATION:				
	RECOMMENDED BY DEPARTMI	ENT HEAD		DATE	
	lintru			5-18-23	
Ravourd	APPRILATED BY HUMAN RESOUR	RCES MANAG	ER Pup )	DATE	
	20	_		51115	
	( , Skuen de	~ Cor		15-18-23	
	APPROVED BY TOWN MANAGE	R		DATE	
	B-F	-		5-18-23	
	EMPLOYEE ACKNOWLED	GEMENIT			
	EMI EO I EE ACKNOWLED	OEMENT			
	I have received a second of	C 137 d	711 D CI	72	
	I have received a copy of the T			nge rorm and understand that	
-	my hourly/yearly salary is as indicated above.				
	my hourly/yearly salary is as in	ndicated abov	e.		
	my hourly/yearly salary is as in Signature			Date_5-31-23	

TO: PAYROLL DEPARTME		
PLEASE ENTER THE FOLLOWIN		EFFECTIVE DATE
TO YOUR RECORDS TAKING EF	1-93-93	
EMPLOYEE NAME Amanda	a Dunford	
EMPLOYEE NUMBER	DATE HR CHANGED	
1702		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER	PROM	72500
□ JOB TITLE		Education Assistant
□GRADE		Education / topictant
☐ ANNUAL RATE		
☐ HOURLY RATE		\$15.00
□ CLASS (Exempt, Non-Exempt)		
□ STATUS (FT, PT)		
THE REASON FOR THE CH	ANGE(S).	
HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		
		F SERVICE INCREASE
□ PROMOTION		ATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNAT	
☐ TRANSFER FROM		
☐ MERIT INCREASE		LIGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FR	OM	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		
<del></del>		
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENTHEAD	DATE
RECOMMENDED BELLAKIM	LINE HEAD	1/19/23
WW /CV		1/19/63
APPROVED BY THE TOWN MAI	NAGER	DATE,
TBF		1/19/23
H. R. DEPT. ACKNOWLEDGEME	ENT OF RECEIPT	DATE
8 Ours		
- July	- Cricari	
EMPLOYEE ACKNOWLED	GEMENT	
I have received a converthe	Fown of Wytheville Pour	Change Form and understand that
my hourly/yearly salary is as i	· ·	mange Form and understand that
a V II C	- 2 C	- Date 1/19/2)
Signature X		- Date 1 1 14/61

Revised: 11/1/2013

TO: PAYROLL DEPARTME	ENT			
PLEASE ENTER THE FOLLOWIN	EFFECTIVE DATE 5/9/22			
TO YOUR RECORDS TAKING EF	FECT ON:	3/9/22		
EMPLOYEE NAME	dison Dye			
EMBLOVEE MUMBER	DATE HR CHANGED			
EMPLOTEE NUMBER 1437	DATE HK CHANGED			
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	TO		
CI DEPARTMENT NUMBER				
<b>■ JOB TITLE</b>	Kidvantute Counselor	Kidventure Assistant Supervisor		
GRADE				
ANNUAL RATE				
HOURLY RATE	\$11	<b>\$11.23</b>		
CLASS (Exempt, Non-Exempt) STATUS (FT, PT)				
SHIFT TIME				
THE REASON FOR THE CH	ANGE(S):			
HIRED	☐ PROBATION	ARY PERIOD COMPLETED		
□ RE-HIRED		SERVICE INCREASE		
☐ PROMOTION		TION OF EXISTING JOB		
☐ DEMOTION	☐ RESIGNATIO			
☐ TRANSFER FROM	☐ RETIREMEN			
☐ MERIT INCREASE		IGNMENT ADJUSTMENT		
☐ TEMP, SERVICE COMPL				
☐ LEAVE OF ABSENCE FR		UNTIL		
LEAVE OF ABSENCE FR	(DATE)	(DATE)		
OTHER (Explain)		(61112)		
AUTHORIZATION:				
RECOMMENDED BY DEPARTM	ENT HEAD	DATE		
MINGRIL		5-9-22		
APPROVEDBY HUMAN RESOU	REES MANAGER	DATE .		
The state of the s				
Cohlu d. J	relles	3/12/32		
APPROVED BY TOWN MANAGE	ER	DATE		
B_F		5/16/2022		
7.º				
EMPLOYEE ACKNOWLED	GEMENT			
		ange Form and understand that		
	Town of Wytheville Pay Ch	ange Form and understand that		
I have received a copy of the ?	Town of Wytheville Pay Ch	nange Form and understand that  Date 5/25/22		

r	TO: PAYROLL DEPARTME	NT			
	PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	G CHANG	GE(S) 6/12/23	EFFECTIV	<sup>'E DATE</sup> 6/12/23
	TO YOUR RECORDS TAKING EF	FECT ON	0/12/23		0/12/23
	EMPLOYEE NAME Caden F	arthi	na		}
	EMPLOYEE NUMBER	DAT	E HR CHANGED		
	1198	DAT	E HK CHANGED		}
ι				l	
	THE CHANGE(S):				
	✓ All Applicable Boxes		FROM		то
	DEPARTMENT NUMBER		TROM		71350
	■ JOB TITLE			_	Lifeguard
	□ GRADE				
	□ ANNUAL RATE				
	HOURLY RATE				15.52
	CLASS (Exempt, Non-Exempt)				
	STATUS (FT, PT)				PT
l	SHIFT TIME				varies
ı	THE REASON FOR THE CH	ANGE(S	5):		
	■ HIRED		☐ PROBATIONA	ARY PERIO	OD COMPLETED
	□ RE-HIRED		☐ LENGTH OF S	SERVICE I	NCREASE
	☐ PROMOTION		□ RE-EVALUA?	TION OF E	XISTING JOB
	☐ DEMOTION		□ RESIGNATIO	N	
	☐ TRANSFER FROM		☐ RETIREMENT	Γ	
	☐ MERIT INCREASE		□ SALARY ALI		ADJUSTMENT
	☐ TEMP. SERVICE COMPL	ETED			
	☐ LEAVE OF ABSENCE FR	O111	(DATE)	0.011112	(DATE)
	OTHER (Explain)				
'					
	AUTHORIZATION:				
	RECOMMENDED BY DEPARTM	ENT HEA	D	r	DATE
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					66. Ch
Remembel	APPROVED BY HUMAN RESOU	RCES MA	NAGER ROP.	I	DATE
Komme	א' (מ.				(e-13-23)
	APPROVED BY TOWN MANAGE		ncan_		
		CK		'	DATE
	Barta				6/14/2023
	<b>EMPLOYEE ACKNOWLED</b>	GEMEN	ΙΤ		
,		ODME:	•		
	I have received a copy of the 7	own of	Wytheville Pay Ch	ange Form	and understand that
	my hourly/yearly salary is as i				
	Signature adu R. Fa	rillian	/	Date	6-15-23
	- British and a second	70000	I	Date	<b>U</b> 1000

PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING EFF	G CHANGE(S) 5/17/23 FECT ON:	EFFECTIVE DATE 5/17/23
EMPLOYEE NAME Annabe	elle Fiscus	
EMPLOYEE NUMBER	DATE HR CHANGED	5/17/23
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
■ DEPARTMENT NUMBER		7131
■ JOB TITLE		Kidventure Counselor
<b>■</b> GRADE		
□ ANNUAL RATE		
■ HOURLY RATE		15.00
CLASS (Exempt, Non-Exempt)		
■ STATUS (FT, PT)  □ SHIFT TIME		PT
□ SHIFI TIME		
THE REASON FOR THE CHA	ANGE(S):	
■ HIRED		ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
□ PROMOTION		
☐ DEMOTION		ATION OF EXISTING JOB
	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMEN	
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE		
☐ LEAVE OF ABSENCE FRO	OM	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		
AUTHORIZATION:		
RECOMMENDED BY DEPARTME	ENT HEAD	DATE
11. +11.11~		e 10
		5-18-23
APPRISATED BY THIM AN RECOLD		1 5 4 000
ALL THO YED BY HOWART RESOUT	RCES-MANAGER Papa.	DATE
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2, Quen to	mon	5-18-23
20	mon	5-18-23 DATE
E. Quen t	mon	5-18-23
2. Quen to	en e	5-18-23 DATE
APPROVED BY TOWN MANAGE  BMPLOYEE ACKNOWLEDGE  I have received a copy of the T	GEMENT  'own of Wytheville Pay Cl	5-18-23 DATE 5-18-23
APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLEDO  I have received a copy of the T my hourly/yearly salary is as in	GEMENT  'own of Wytheville Pay Cl	5-18-23 DATE 5-18-23
APPROVED BY TOWN MANAGE  BMPLOYEE ACKNOWLEDGE  I have received a copy of the T	GEMENT  'own of Wytheville Pay Cl	5-18-23 DATE 5-18-23



TO: PAYROLL DEPARTMEN	T	
PLEASE ENTER THE FOLLOWING	EFFECTIVE DATE 7/8/22	
TO VOLID DECODES TAKING FEEL	1/8/22	
EMPLOYEE NAME Production	lar	
EMPLOYEE NAME Brady Fow	ler	
EMPLOYEE NUMBER	DATE HR CHANGED	
1667		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
DEPARTMENT NUMBER		71370
■ JOB TITLE		Asst. Recreation Supervisor-Fitness
GRADE		
☐ ANNUAL RATE ■ HOURLY RATE		\$11.00
CLASS (Exempt, Non-Exempt)		Non-Exempt
STATUS (FT, PT)		PT
SHIFT TIME		
CO OLINE E ENVIO		
THE REASON FOR THE CHA	NGE(S):	
HIRED		ARY PERIOD COMPLETED
□ RE-HIRED	= : : : =	SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION		
	□ RESIGNATIO	
☐ TRANSFER FROM	☐ RETIREMEN	_
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
🗏 🗀 TEMP. SERVICE COMPLE		,
LEAVE OF ABSENCE FRO	M	UNTIL
	(DATE)	(DATE)
OTHER (Explain) 71310-1102 (K	idventures): \$11.00	
	contract and the second of the	
AUTHORIZATION:		
RECOMMENDED BY DEPARTMENT	NT HEAD	DATE
MINOR LA		17-11-00
APPROVED BY HUMAN RESOUR	CEC MANAGED	DATE
AFFROVIOR HOWAIT RESOUR	MANAGER	
phi Z.	This ten	7/11/23-
APPROVED BY TOWN MANAGER		DATE
2 73		7/13/2022
		111312022
EMPLOYEE ACKNOWLEDG	EMENT	•
I have received a copy of the To		nange Form and understand that
transfer and a decrease the state of the sta		
my hourly/yearly salary is as in-	dicated above.	
my hourly/yearly salary is as income Boly will	dicated above.	Date 7/20/22

VADL TG\$739655 03/30/2026

TO: PAYROLL DEPARTME		
PLEASE ENTER THE FOLLOWING	G CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EFFER PLOYEE NAME	FECT ON:	12-1-22
	0 D I 1 T	
Kerry	O'Neal Frye	
EMPLOYEE NUMBER	DATE HR CHANGED	
570	11/30/22 KHC	
	LHO	
THE CHANGE(S):	C	
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
□ JOB TITLE		
☐ GRADE ☐ ANNUAL RATE	111 000 000	112 1 0
☐ HOURLY RATE	\$19.81	43 680.00 \$21.00
☐ CLASS (Exempt, Non-Exempt)	\$19.01	\$21.00
□ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
□ HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		OF SERVICE INCREASE
☐ PROMOTION		
☐ DEMOTION		JATION OF EXISTING JOB
☐ TRANSFER FROM	□ RESIGNAT	1
☐ MERIT INCREASE	RETIREME	
☐ TEMP. SERVICE COMPLI	_	LIGNMENT ADJUSTMENT
☐ LEAVE OF ABSENCE FR		·
LEAVE OF ADSENCE PRO	(DATE)	UNTIL (DATE)
☐ OTHER (Explain)	(DATE)	(DATE)
AUTHORIZATION:		
RECOMMENDED BY DEPARTME	ENT HEAD	DATE
18 15 11	// _d.	11/16/2022
11 on- fl	3,85-	
APPROVED BY HUMAN RESOUR	RCES MANAGER	DATE
2 Quant Dunce	. ~	11 114-2032
APPROVED BY TOWN MANAGE	R	DATE
		1. 1 2022
TBF		11-16-2022 DATE 11  16   2022
EMPLOYEE ACKNOWLED	GEMENT	
I have received a copy of the T	own of Wytheville Pay (	Change Form and understand that
my hourly/yearly salary is as in		onango i onni ana anaoistana mat
Signature Kerry try	r)	Date 11-17-22

TO: PAYROLL DEPARTME PLEASE ENTER THE FOLLOWIN		EFFECTIVE DATE
TO YOUR RECORDS TAKING EI	FECT ON:	12/5/8082
EMPLOYEE NAME	TECT ON.	1010000
EMPLOYEE NAME Kelly A	inn Hogan	
EMPLOYEE NUMBER	DATE HR CHANGED	
1683	12/2/22	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER	31100	
□ JOB TITLE	Animal Sheltr Attendant	
□ GRADE		
☐ ANNUAL RATE		
HOURLY RATE	\$14.00	
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)	Part-Time	
□ SHIFT TIME		
THE REASON FOR THE CH	IANGE(S):	
■ HIRED	☐ PROBATION	ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
□ PROMOTION		TION OF EXISTING JOB
□ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMEN	
☐ MERIT INCREASE		
		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	ETED UDISCHARGE	
☐ LEAVE OF ABSENCE FF	COM	UNTIL
OTHER (Explain)	(DATE)	(DATE)
— OTHER (Explain)		
		ä
AUTHORIZATION:		- Age -
RECOMMENDED BY DEPARTM	IENT HEAD	DATE
Lel 1 Harb		11/7/2022
APPROVED BY HIM AND PERCON	/ CEG MANAGER	
APPROVED BY HUMAN RESOL	RCES MANAGER	DATE
* motion /	0 c r sou )	11/0/2000
APPROVED BY TOWN MANAG	ACCOUNT OF THE PROPERTY OF THE	11 9/2022 DATE 11/9/2022
THE ROY ED DI TOWN MANAGE	<del>(</del>	DATE
Brita		11/9/2022
EMPLOYEE ACKNOWLED	GEMENT	
	ODIVIDIA I	
I have received a conv of the	Town of Wytheville Pay Ch	nange Form and understand that
_ ·		iange roim and understand that
my hourly/yearly salary is as	mulcated above.	
Signature Signature	_	Date 1123/202
Signature Was VI VI		Date 111 7 STOP (S)

TO: PAYROLL DEPARTMEN	T	- O CHURCH	
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE	
TO YOUR RECORDS TAKING EFFECT ON:		<u> </u>	
EMPLOYEE NAME			
Mich	nael Holiday		
EMPLOYEE NUMBER 1558	DATE HR CHANGED	Will reflect on 9/2/22	Check
		10,700	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER	45300	45300	
☐ JOB TITLE	Laborer I – Public Utilities	Crew Leader – Public Utilities	
□ GRADE	04	07	
☐ ANNUAL RATE	\$29,458	\$35,880	
☐ HOURLY RATE	\$14.16	\$17.25	
CLASS (Exempt, Non-Exempt)	Non-Exempt	Non-Exempt	
☐ STATUS (FT, PT)	FT	FT	
☐ SHIFT TIME	7:00 AM – 3:30 PM	7:00 AM – 3:30 PM	
THE REASON FOR THE CHA	NGE(S):		
☐ HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED	
□ RE-HIRED	☐ LENGTH OF S	SERVICE INCREASE	
PROMOTION	□ RE-EVALUAT	TION OF EXISTING JOB	
☐ DEMOTION	☐ RESIGNATIO		
☐ TRANSFER FROM	□ RETIREMENT		
☐ MERIT INCREASE		·	
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE		I D IDII	
☐ LEAVE OF ABSENCE FRO		_UNTIL	
☐ OTHER (Explain)	(DATE)	(DATE)	
, ,,, <u> </u>			
AUTHORIZATION:			
RECOMMENDED BY DEPARTMEN	JT, HEAD	DATE	
		8/29/2022	
APPROVED BY HUMAN RESOURCE	CES MANAGER	DATE	
Shew L. Shellon		8/29/2022 DATE 7/29/2032	
APPROVED BY TOWN MANAGER	/	DATE	
Brti		2/20/2025	
EMPLOYEE ACKNOWLEDG	EMENT		
I have received a copy of the Tomy hourly/yearly salary is as ind		nge Form and understand that	
Ciamatura a. ' A A II aa' I		Data (23/2 - 12	

	TO: PAYROLL DEPARTME	ENT	
	PLEASE ENTER THE FOLLOWIN	NG CHANGE(S) 6/7/23	EFFECTIVE DATE 6/7/23
	EMPLOYEE NAME Makenz	zie Ingo	
	EMPLOYEE NUMBER	DATE HR CHANGED	
	1731		
	THE CHANGE(S):		
1	✓ All Applicable Boxes	FROM	TO
	☐ DEPARTMENT NUMBER	71330	10
	☐ JOB TITLE	Athletics Official	
	☐ GRADE		
	☐ ANNUAL RATE	_	
	☐ HOURLY RATE	20	
	CLASS (Exempt, Non-Exempt)		
	□ STATUS (FT, PT)	PT	
l	☐ SHIFT TIME		
	THE REASON FOR THE CH	IANGE(S):	
	■ HIRED		RY PERIOD COMPLETED
	□ RE-HIRED		ERVICE INCREASE
	□ PROMOTION		ION OF EXISTING JOB
	□ DEMOTION	□ RESIGNATION	
	☐ TRANSFER FROM		
	☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT ☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE		
	$\square$ LEAVE OF ABSENCE FR	OM	UNTIL
	OTHER (Explain)T-Code Fig	(DATE) eld Supervisor 71330 \$15/hr	(DATE)
	(		
	AUTHORIZATION:		
	RECOMMENDED BY DEPARTM	ENT HEAD	DATE
			10/8/23
a insol	APPROVED BY HUMAN RESOU	RCES MANAGER D.O.	DATE
Panismed	9 0	RCES MAINTAGER (1442)	DATE
•	- Juen c	Non	618123
	APPROVED BY TOWN MANAG	ER	DATE
	RT		DATE 6/8/23
	カールト		0/1/->
	EMPLOYEE ACKNOWLED	GEMENT	
١			
	I have received a copy of the		nge Form and understand that
	my hourly/yearly salary is as i	ndicated above.	
	Malka ==	. / 1 2011 -	/ // /
	Signature Makery	1 was	Date 6/16/23
Į.		()	

TO: PAYROLL DEPARTMENT PLEASE ENTER THE FOLLOWING	CHANGE(S) = 10100	EFFECTIVE DATE 5/3/23
PLEASE ENTER THE FOLLOWING CHANGE(S) 5/3/23 TO YOUR RECORDS TAKING EFFECT ON:		5/3/23
EMPLOYEE NAME		
EMPLOYEE NAME LILY ITVIN		
EMPLOYEE NUMBER	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	то
DEPARTMENT NUMBER		71350
JOB TITLE		Pool Office Assistant
□ GRADE		
ANNUAL RATE		
HOURLY RATE		15.00
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
SHIFT TIME		Varies
THE REASON FOR THE CHA	ANGE(S):	
HIRED		ARY PERIOD COMPLETED
		SERVICE INCREASE
□ RE-HIRED		
□ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	RESIGNATION	ON
☐ TRANSFER FROM	☐ RETIREMEN	T
☐ MERIT INCREASE	□ SALARY AL	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	ETED DISCHARGE	
☐ LEAVE OF ABSENCE FR		UNTIL
E EBRITE OF RESERVED IN	(DATE)	(DATE)
☐ OTHER (Explain)	(====,	
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
		5-3-23
	DODG MANAGES A STATE	
APPROVED BY HUMAN RESOU	RCES MANAGER DIRECT	DATE
Inotte fuluby		5/4/23
APPROVED BY TOWN MANAGI	PD	5/4/23 DATE 5/4/2023
APPROVED BY TOWN MANAGE	EK	-/1/212e
B-F-		5/4/2023
•		
EMBLOVEE ACKNOWLED	CEMENT	
EMPLOYEE ACKNOWLED	GEMENT	
	D CHILL IN D C	Langua Panna and and anatomat that
		hange Form and understand that
my hourly/yearly salary is as i	indicated above.	
Signature W Mini		me 110 00
Signatura VIIII al Il Tonia		Date 05-10-23_

TO YOUR RECORDS TAKING EFF	CHANGE(S) 15/5/22	EFFECTIVE DATE 12/5/22
EMPLOYEE NAME	ECTON: 10707EE	
EMPLOYEE NAME Garrett J	Jasnicki	
EMPLOYEE NUMBER	DATE HR CHANGED	
1693	<u> </u>	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
DEPARTMENT NUMBER		71350
JOB TITLE	FI	Assistant Swim Coach/Swim Instructor
□ GRADE	•	
☐ ANNUAL RATE		
HOURLY RATE	<u> </u>	11.33
☐ CLASS (Exempt, Non-Exempt)  ■ STATUS (FT, PT)		PT
SHIFT TIME		Varies
		¥0100
THE REASON FOR THE CHA	ANGE(S):	
HIRED		ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	
☐ TRANSFER FROM		
	I I RETIREMEN	Т
☐ MERIT INCREASE	☐ SALARY AL	IGNMENT ADJUSTMENT
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE	☐ SALARY ALI ETED ☐ DISCHARGE	IGNMENT ADJUSTMENT
☐ MERIT INCREASE	☐ SALARY ALI ETED ☐ DISCHARGE	IGNMENT ADJUSTMENT
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE	☐ SALARY ALI ETED ☐ DISCHARGE	IGNMENT ADJUSTMENT
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO	☐ SALARY ALI ETED ☐ DISCHARGE DM	IGNMENT ADJUSTMENT
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO	☐ SALARY ALI ETED ☐ DISCHARGE DM	IGNMENT ADJUSTMENT
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)	☐ SALARY ALI ETED ☐ DISCHARGE DM	IGNMENT ADJUSTMENT
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION:	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	IGNMENT ADJUSTMENTUNTIL(DATE)
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	UNTIL(DATE)  DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION:	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	IGNMENT ADJUSTMENTUNTIL(DATE)
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION:	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	UNTIL(DATE)  DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION: RECOMMENDED BY DEPARTME	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	DATE    DATE   DATE   DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION: RECOMMENDED BY DEPARTME  APPROVED BY HUMAN RESOUR	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	DATE    DATE   12-7-22     DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION: RECOMMENDED BY DEPARTME	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	DATE    DATE   DATE   DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION: RECOMMENDED BY DEPARTME  APPROVED BY HUMAN RESOUR	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	DATE    DATE   12-7-22     DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION: RECOMMENDED BY DEPARTME  APPROVED BY HUMAN RESOUR	☐ SALARY ALETED ☐ DISCHARGE OM(DATE)	DATE    DATE   12-7-22     DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION: RECOMMENDED BY DEPARTME  APPROVED BY HUMAN RESOUR	SALARY ALIETED DISCHARGE OM (DATE)  ENPHEAD RCES MANAGER RAP	DATE    DATE   12-7-22     DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION: RECOMMENDED BY DEPARTME  APPROVED BY TOWN MANAGE	SALARY ALIETED DISCHARGE OM (DATE)  ENPHEAD RCES MANAGER RAP	DATE    DATE   12-7-22     DATE
☐ MERIT INCREASE ☐ TEMP. SERVICE COMPLE ☐ LEAVE OF ABSENCE FRO ☐ OTHER (Explain)  AUTHORIZATION: RECOMMENDED BY DEPARTME  APPROVED BY HUMAN RESOUR  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLEDGE	SALARY ALIETED DISCHARGE OM	DATE    DATE   12-7-22     DATE

		Si Liu
TO: PAYROLL DEPARTME	NT	The Court of the C
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE
TO YOUR RECORDS TAKING EFI		2 25 2023-
EMPLOYEE NAME ELLIC L	KEITH JONES	
	VELLU JOINES	
EMPLOYEE NUMBER	DATE HR CHANGED	İ
1633		
ΓΗΕ CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER	110011	4400
JOB TITLE		INFO DESK SPEC - VC
GRADE		
ANNUAL RATE		
HOURLY RATE		\$11.00
CLASS (Exempt, Non-Exempt)		NON-EXEMPT
STATUS (FT, PT)		PT
■ SHIFT TIME		VARIES
THE DE LOOP FOR THE CIT	ANOD(O)	
THE REASON FOR THE CHA		
HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		ATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION	ON
□ TRANSFER FROM	$\_\_$ $\Box$ RETIREMEN	ΝΤ
☐ MERIT INCREASE	□ SALARY AL	LIGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLI	ETED 🗆 DISCHARGE	2
☐ LEAVE OF ABSENCE FR	OM	UNTIL
	(DATE)	(DATE)
□ OTHER (Explain)		
AUTHORIZATION: RECOMMENDED BY DEPARTMI	ENTE LIE AD	DATE
RECOMMENDED BY DEPARTMI	ENT HEAD	DATE
(XOSG Too Lude		2/16/2022
APPROVED BY HUMAN RESOUR	RCES MANAGER	DATE
Col S	00 AL	
Meli A.C	Drellor	
Appróved by town manage	ER	DATE
RT		2/17/2022
		77755
EMPLOYEE ACKNOWLED	GEMENT	
Lhave received a convent the T	Cown of Wytheville Poy C	hange Form and understand that
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my hourly/yearly salary is as in	nuicateu auuve.	, /
Simple - 10: 1/2	* (200	Date 02/22/2022
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	YTHEVILLE PAY CHAN	IGE FORM SAS TO TO THE TOTAL T	
TO: PAYROLL DEPARTMEN	T		
PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING EFFI	ECT ON: 5/23/22	EFFECTIVE DATE 5/23/22	
EMPLOYEE NAME Thomas E	ngene Jones		
EMPLOYEE NUMBER	DATE HR CHANGED	DOH 5/31/22	
THE CHANGE(S):		, ,	
✓ All Applicable Boxes	FROM	TO	
■ DEPARTMENT NUMBER	I KOW	Teen Center/Rockwall Supv.	
□ JOB TITLE		71360	
GRADE			
☐ ANNUAL RATE		Perry Market State Control of the Co	
HOURLY RATE		\$11.23	
CLASS (Exempt, Non-Exempt)			
STATUS (FT, PT)  SHIFT TIME	N	PT	
THE REASON FOR THE CHA	NGE(S):		
HIRED	☐ PROBATIONA	RY PERIOD COMPLETED	
□ RE-HIRED		ERVICE INCREASE	
☐ PROMOTION		ION OF EXISTING JOB	
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☐ MERIT INCREASE	THE TOTAL CONTROL OF THE TOTAL		
		GNMENT ADJUSTMENT	
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LEAVE OF ABSENCE FROM UNTIL (DATE)			
OTHER (Explain) Cross Train to	\- · · · · \	(DAID)	
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AUTHORIZATION:			
RECOMMENDED BY DEPARTME	NT HEAD	DATE	
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WOW X		12-51-97	
APPROVED BY HUMAN RESOUR	CE8 MANAGER	DATE 5/24/2022	
	XX -	5/24/2002	
SHIPPOVER DY TOUGH ANA CEL	11 leurs		
APPROVED BY TOWN MANAGER	Brian Digitally signed Freeman	by Brian DATE	
3C2 10	Freeman Date: 2022.05.2		
EMPLOYEE ACKNOWLEDG	SEMENT		
I have received a copy of the To my hourly/yearly salary is as in		nge Form and understand that	
Signature Tromas 8	bree	Date <u>5/25/208</u> 2	
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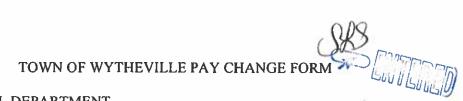
Ep:07/19/2028

TO: PAYROLL DEPARTMEN	ST.	
PLEASE ENTER THE FOLLOWING	CHANGE(S) 11/21/22	EFFECTIVE DATE 44/24/22
TO YOUR RECORDS TAKING EFF	ECT ON: 1/2//22	11/21/22
EMPLOYEE NAME Eric "Hol	den" Keefer	
EMPLOYEE NUMBER	DATE HR CHANGED	
1692	DATE IIR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
■ DEPARTMENT NUMBER		71350
■ JOB TITLE		Lifeguard
GRADE		
☐ ANNUAL RATE		\$11/3
■ HOURLY RATE		\$11.33
CLASS (Exempt, Non-Exempt)		pr
STATUS (FT, PT)		РТ
SHIFT TIME		varies
THE REASON FOR THE CHA	NGF(S)	
HIRED		DV PEDIOD COLOR PEDE
□ RE-HIRED		RY PERIOD COMPLETED
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☐ PROMOTION		ION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATION	1
☐ TRANSFER FROM	□ RETIREMENT	
☐ MERIT INCREASE	□ SALARY ALIC	ONMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE	TED DISCHARGE	J. WILLIAM
☐ LEAVE OF ABSENCE FRO		UNTIL
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☐ OTHER (Explain)	(DAIL)	(DATE)
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AUTHORIZATION:		
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I do		11-22-22
APPROVED BY HUMAN RESOURCE	CES MANAGER	DATE
2 Plus Dencar	$\widehat{}$	11/29/22
APPROYED BY TOWN MANAGER		DATE
1 mait	-	11/29/22
EMPLOYEE ACKNOWLEDG	EMENT	1,702
I have received a copy of the To my hourly/yearly salary is as inc	wn of Wytheville Pay Char licated above.	nge Form and understand that
Signature		Date

		, RAS	
TOWN OF WYTHEVILLE PAY CHANGE FORM			
TO: PAYROLL DEPARTMENT			
PLEASE ENTER THE FOLLOWING	CHANGE(S) 5/47/22	EFFECTIVE DATE 5/17/22	
TO YOUR RECORDS TAKING EFFE	CT ON: OITIZZ		
EMPLOYEE NAME CHarlie K	ing Cha	Rla E. King	
EMPLOYEE NUMBER 1659	DATE HR CHANGED	DOH 4/2/2002	
		1 LUH 4/0/0000	
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
DEPARTMENT NUMBER		71350	
I JOB TITLE	NAMES OF TAXABLE PARTY.	lifeguard	
□ GRADE			
☐ ANNUAL RATE			
■ HOURLY RATE		11.00	
[] CLASS (Exempt, Non-Exempt)			
STATUS (FT, PT)		pt	
SHIFT TIME		varies	
THE REASON FOR THE CHAP	NGE(S):		
■ HIRED		ARY PERIOD COMPLETED	
□ RE-HIRED		SERVICE INCREASE	
☐ PROMOTION		TION OF EXISTING JOB	
1 '-			
DEMOTION	☐ RESIGNATIO	· · · · · · · · · · · · · · · · · · ·	
TRANSFER FROM	☐ RETIREMENT	•	
☐ MERIT INCREASE		GNMENT ADJUSTMENT	
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☐ LEAVE OF ABSENCE FROM	M	_ UNTIL	
	(DATE)	(DATE)	
OTHER (Explain)	· · · · · · · · · · · · · · · · · · ·		
AUTHORIZATION:	IT LIDAD	DATE	
RECOMMENDED BY DEPARTMEN	II HEAD	DATE	
I I I I I I AN LUC		5-18-22	
APPROVED BY HUMAN RESOURCE	YES MANAGER	DATE	
(1) (1)	DA	1 1	
Shu Lot	rellos	5/19/22 DATE 5/24/2022	
APPROVED BY TOWN MANAGER		DATE,	
		5/24/2022	
EMPLOYEE ACKNOWLEDG	EMENT		
	ATT 1 111 To CT		
I have received a copy of the To my hourly/yearly salary is as inc		ange Form and understand that	
210	**************************************	<i>c1</i> 1	
Signature / bondelling		Date 5/27/2022	

TO: PAYROLL DEPARTME PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	G CHANGE(S) E 12 122	EFFECTIVE DATE 5/3/23
		3/3/23
EMPLOYEE NAME Rayna I	(ina	1
	VIII 9	1
EMPLOYEE NUMBER	DATE HR CHANGED	
		1
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
DEPARTMENT NUMBER	12001	71350
JOB TITLE		Pool Office Assistant
☐ GRADE		
□ ANNUAL RATE		
HOURLY RATE		15.00
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
SHIFT TIME		Varies
THE REASON FOR THE CH		
■ HIRED	$\square$ PROBATION	VARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUA	TION OF EXISTING JOB
□ DEMOTION	☐ RESIGNATION	ON
☐ TRANSFER FROM	□ RETIREMEN	NT
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPI		
		UNTIL
☐ LEAVE OF ABSENCE FE	(DATE)	(DATE)
☐ OTHER (Explain)	(BATE)	
- OTTER (Explain)		
AUTHORIZATION:		DATE
RECOMMENDED BY DEPARTN	MENT HEAD	
		5-3-23
APPROVED BY HUMAN RESOL	IRCES MANAGER DICTOR	DATE
	_	5-4-23
Jacthe Jefuly		5-4-23 DATE 5/5/2023
APPROVED BY TOWN MANAC	BER	DATE
R T		5/5/7023
D		37070022
EMPLOYEE ACKNOWLE	DGEMENT	
I have received a copy of the	Town of Wytheville Pay C	Change Form and understand that
my hourly/yearly salary is as	indicated above.	-
- they around a your y to us	A	_
Signature Lelyne	10 1	Date 05109/202
O'RHAITHE FOR	<u> </u>	
	J	

VA-763739858 Exp. 06/07/2026



TO: PAYROLL DEPARTM	ENT	
PLEASE ENTER THE FOLLOW TO YOUR RECORDS TAKING B	NG CHANGE(S) 0/14/2022	EFFECTIVE DATE 9/14/2022
		9/14/2022
EMPLOYEE NAME ABIGA	YII KIRRY	
EMPLOYEE NUMBER	DATE HR CHANGED	Will pollant , 9/20/2
L		MIII KEI PECI ON 1-10/0
THE CHANGE(S):		Will Reflect on 9/30/2 Check
✓ All Applicable Boxes	FROM	то
☐ DEPARTMENT NUMBER	I KOW	10
☐ JOB TITLE		
□ GRADE		
■ ANNUAL RATE	\$37,291.15	\$38,291.15
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE C	HANGE(S):	
HIRED		ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
□ PROMOTION		TION OF EXISTING JOB
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☐ MERIT INCREASE		GNMENT ADJUSTMENT
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☐ LEAVE OF ABSENCE F	ROM	_UNTIL
	(DATE)	(DATE)
■ OTHER (Explain)COMPLE	TED DPO/ENGINE DRIVER INTER	NSHIP
L		
AUTHORIZATION:		
RECOMMENDED BY DEPARTS	MENT HEAD \	DATE
	2/-	9/14/22
		0/11/22
APPROVED BY HUMAN RESO	URCES MANAGER	DATE
Shew L	- 5/1/2	9/14/2022
APPROVED BY TOWN MANAC	TER	9/14/2022 DATE 9/21/2022
APPROVEDBY TOWN MANAC	JEK	DATE
Dry		9/21/2022
EMPLOYEE ACKNOWLE	CEMENT	
DIVITED LE ACKNOWLE	A PRINTEIN I	
I have received a same of the	Town of Wythavilla Pay Cha-	nga Form and understand that
		nge Form and understand that
my hourly/yearly salary is as	indicated above.	
111	11/2	- Mar-1
Signature ( )		Date
		-i U
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PLEASE ENTER THE FOLLOWING CHANGE(S)   8/22/23   EFFECTIVE DATE	TO: PAYROLL DEPARTME	ENT		
EMPLOYEE NUMBER  EMPLOYEE NUMBER  DATE HR CHANGED  9/5/23  THE CHANGE(S):  All Applicable Boxes  DEPARTMENT NUMBER  JOB TITLE  JOB TITLE  JOBOTHLE  Sports Official  GRADE  ANNUAL RATE  HOURLY RATE  S20thr  CARL Office Increase  REASON FOR THE CHANGE(S):  HIRED  REHIRED  DEPARTMENT NUMBER  PROBATIONARY PERIOD COMPLETED  REHIRED  DEPARTMON RESIGNATION  REFIREMENT  MERIT INCREASE  REEVALUATION OF EXISTING JOB  DEMOTION  RETIREMENT  MERIT INCREASE  LEAVE OF ABSENCE FROM  DISCHARGE  LEAVE OF ABSENCE FROM  DOTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Field Supervisor(7133) - \$15/hr, Field	PLEASE ENTER THE FOLLOWIN	NG CHANGE(S) O 100 100	EFFECTIVE DATE	
EMPLOYEE NUMBER    THE CHANGE(S):	TO YOUR RECORDS TAKING EI	FFECT ON: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
EMPLOYEE NUMBER    THE CHANGE(S):	EMPLOYEE NAME L	alea		
EMPLOYEE NUMBER    THE CHANGE(S):	Kevin L	.ake		
THE CHANGE(S):  All Applicable Boxes  DEPARTMENT NUMBER  GRADE  ANNUAL RATE  HOURLY RATE  CLASS (Exempt, Non-Exempt)  STATUS (FT, PT)  SHIFT TIME  THE REASON FOR THE CHANGE(S):  PROMOTION  RE-HIRED  PROBATIONARY PERIOD COMPLETED  RE-HIRED  RE-HIRED  RE-HIRED  RE-HIRED  RE-HIRED  RE-HIRED  RE-HIRED  DEMOTION  RESIGNATION  RESIGNATION  RETIREMENT  MERIT INCREASE  LEAVE OF ABSENCE FROM  DATE  LEAVE OF ABSENCE FROM  DATE  CDATE)  OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/nr, Score Keeper(7133) - \$15/nr, Facility Supervisor(7130) - \$15/nr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  RECOMMENDED BY HUMAN RESOURCES REPRESENTATIVE  DATE  APPROVED BY HUMAN RESOURCES REPRESENTATIVE  DATE  STATUS (TO ATE)  APPROVED BY HUMAN RESOURCES REPRESENTATIVE  DATE  STATUS (TO ATE)  STAT	EMPLOYEE NUMBER		Start date:	
THE CHANGE(S):  All Applicable Boxes  DEPARTMENT NUMBER  GRADE  GRADE  ANNUAL RATE  CLASS (Exempt, Non-Exempt)  STATUS (FT, PT)  SHIFT TIME  THE REASON FOR THE CHANGE(S):  HIRED  RE-HIRED  DEMOTION  RE-EVALUATION OF EXISTING JOB  DEMOTION  RETITMEMENT  HEREP SERVICE COMPLETED  DISCHARGE  DEMOTION  RETITMEMENT  MERIT INCREASE  DEMOTION  DEMOTION  TEMP. SERVICE COMPLETED  DISCHARGE  LEAVE OF ABSENCE FROM  (DATE)  OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  REPLACEMENT  RECOMMENDED BY DEPARTMENT-HEAD  DATE  REPROVED BY TOWN MANAGER  DATE  S / 2 2 / 2 3  APPROVED BY TOWN MANAGER  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.	1940	9-11-23	9/5/22	
All Applicable Boxes    DEPARTMENT NUMBER   DORTITLE   Sports Official     GRADE   GANDE   GARDE     GRADE   GANDUAL RATE   S20/ibr (AREA OF W. Codes below)     CLASS (Exempt, Non-Exempt)   DISTATUS (FT. PT)   PT     SHIFT TIME   PT   PT     SHIFT TIME   PROBATIONARY PERIOD COMPLETED     RE-HIRED   PROBATIONARY PERIOD COMPLETED     RE-HIRED   LENGTH OF SERVICE INCREASE     PROMOTION   RE-EVALUATION OF EXISTING JOB     DEMOTION   RESIGNATION     TRANSFER FROM   RESIGNATION     TRANSFER FROM   RESIGNATION     TRANSFER FROM   UNTIL     MERIT INCREASE   SALARY ALIGNMENT ADJUSTMENT     TEMP. SERVICE COMPLETED   DISCHARGE     LEAVE OF ABSENCE FROM   UNTIL     OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/ibr, Score Keeper(7133) - \$15/ibr, Facility Supervisor(7130) - \$15/ibr, Field Supervisor(7133) - \$16.30    AUTHORIZATION:  RECOMMEDIATE BY DUPARTMENT HEAD   DATE     FALLE		, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/3/25	
All Applicable Boxes    DEPARTMENT NUMBER   DORTITLE   Sports Official     GRADE   GANDE   GARDE     GRADE   GANDUAL RATE   S20/ibr (AREA OF W. Codes below)     CLASS (Exempt, Non-Exempt)   DISTATUS (FT. PT)   PT     SHIFT TIME   PT   PT     SHIFT TIME   PROBATIONARY PERIOD COMPLETED     RE-HIRED   PROBATIONARY PERIOD COMPLETED     RE-HIRED   LENGTH OF SERVICE INCREASE     PROMOTION   RE-EVALUATION OF EXISTING JOB     DEMOTION   RESIGNATION     TRANSFER FROM   RESIGNATION     TRANSFER FROM   RESIGNATION     TRANSFER FROM   UNTIL     MERIT INCREASE   SALARY ALIGNMENT ADJUSTMENT     TEMP. SERVICE COMPLETED   DISCHARGE     LEAVE OF ABSENCE FROM   UNTIL     OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/ibr, Score Keeper(7133) - \$15/ibr, Facility Supervisor(7130) - \$15/ibr, Field Supervisor(7133) - \$16.30    AUTHORIZATION:  RECOMMEDIATE BY DUPARTMENT HEAD   DATE     FALLE	THE CHANGE(S):	. 1 1		
□ DEPARTMENT NUMBER □ JOB TITLE □ GRADE □ ANNUAL RATE □ HOURLY RATE □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME  THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ LEAVE OF ABSENCE FROM □ LOTTE □ OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  RECOMMED BY HUMAN RESOURCES REPRESENTATIVE □ DATE □ PATE □ PATE □ DATE □ PATE □ PAT		EDOS IV.CO.	TO	
□ JOB TITLE □ GRADE □ ANNUAL RATE □ HOURLY RATE □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME   THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ LEAVE OF ABSENCE FROM □ (DATE) □ OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION: RECOMMEDIATE  APPROVED BY HUMAN RESOURCES REPRESENTATIVE □ DATE □ APPROVED BY TOWN MANAGER □ DATE □ CLASS (Exempt, Non-Exempt) □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RE-IREMENT □ MERIT INCREASE □ LEAVE OF ABSENCE FROM □ (DATE) □ (DATE) □ (DATE) □ (DATE) □ APPROVED BY HUMAN RESOURCES REPRESENTATIVE □ DATE □ CLASS (Exempt, Non-Exempt) □ LENGTH CODE SELOW □ LENGTH OF SERVICE INCREASE □ PROMOTION OF EXISTING JOB □ DEMOTION OF EXISTING JOB □ DEMOTION OF EXISTING JOB □ DEMOTION OF EXISTING JOB □ DATE □ (DATE) □ (DA		HILL PARTY	10	
□ GRADE □ ANNUAL RATE □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME  THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ LEAVE OF ABSENCE FROM □ LEAVE OF ABSENCE FROM □ LOATE □ OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION: RECOMMEDIATE □ DATE □ APPROVED BY HUMAN RESOURCES REPRESENTATIVE □ DATE □ APPROVED BY TOWN MANAGER □ DATE □ CALL OF A STATUS OF THE COMPLETED □ DATE □ CALL OF A STATUS OF THE CALL		05-1-05-1-1		
□ ANNUAL RATE □ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME  THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT HEAD □ DATE □ SALARY ALIGNMENT ADJUSTMENT □ DATE □ OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT HEAD □ DATE □ SALARY ALIGNMENT ADJUSTMENT □ DATE □ DATE □ SALARY ALIGNMENT □ DATE □ SALARY ALIGNM		Sports Official		
□ HOURLY RATE □ CLASS (Exempt, Non-Exempt) □ STATUS (FT, PT) □ SHIFT TIME  THE REASON FOR THE CHANGE(S): □ HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ UNTIL □ OTHER (Explain) T-Code - Fitness Desk(7137) - \$15/nr, Score Keeper(7133) - \$15/nr, Facility Supervisor(7130) - \$15/nr, Field Supervisor(7133) - \$16.30  AUTHORIZATION: RECOMMEDIDED BY DEPARTMENT HEAD □ DATE □ APPROVED BY TOWN MANAGER □ DATE □ DA				
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□ STATUS (FT, PT) □ PT □ SHIFT TIME  THE REASON FOR THE CHANGE(S): □ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ UNTIL □ (DATE) □ OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  RECOMMEDIATED BY DEPARTMENT HEAD □ DATE □ STATUS (DATE) □ ATE □ STATUS (PT. PT. PT. PT. PT. PT. PT. PT. PT. PT.		\$20/nr (Alex 4	Ther codes below)	
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THE REASON FOR THE CHANGE(S):  HIRED		PI		
□ HIRED □ PROBATIONARY PERIOD COMPLETED □ RE-HIRED □ LENGTH OF SERVICE INCREASE □ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ RETIREMENT □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ UNTIL □ (DATE) □ OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT HEAD □ DATE □ S / 22 / 23  APPROVED BY TOWN MANAGER □ DATE □ S / 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.	□ SHIFT TIME			
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□ PROMOTION □ RE-EVALUATION OF EXISTING JOB □ DEMOTION □ RESIGNATION □ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP, SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ UNTIL □ OTHER (Explain) T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION: RECOMMENDED BY DEPARTMENT HEAD □ DATE □ APPROVED BY HUMAN RESOURCES REPRESENTATIVE □ DATE □ APPROVED BY TOWN MANAGER □ DATE □ LEAVE OF ABSENCE FROM □ UNTIL □ DATE □ B - 22 - 23 □ APPROVED BY TOWN MANAGER □ DATE □ LEAVE OF ABSENCE FROM □ UNTIL □ DATE □ LEAVE	□ RE-HIRED			
□ DEMOTION □ RESIGNATION □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ UNTIL □ (DATE) □ OTHER (Explain)T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT HEAD □ DATE □ S - 22 - 23  APPROVED BY HUMAN RESOURCES REPRESENTATIVE □ DATE □ S / 22 / 23  APPROVED BY TOWN MANAGER □ DATE □ S / 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.				
□ TRANSFER FROM □ RETIREMENT □ MERIT INCREASE □ SALARY ALIGNMENT ADJUSTMENT □ TEMP. SERVICE COMPLETED □ DISCHARGE □ LEAVE OF ABSENCE FROM □ UNTIL □ (DATE) □ OTHER (Explain) T-Code - Fitness Desk(7137) - \$15/hr, Score Keeper(7133) - \$15/hr, Facility Supervisor(7130) - \$15/hr, Field Supervisor(7133) - \$16.30  AUTHORIZATION:  RECOMMENDED BY DEPARTMENT HEAD □ DATE 8 - 22 - 23  APPROVED BY HUMAN RESOURCES REPRESENTATIVE □ DATE 8 / 22 / 23  APPROVED BY TOWN MANAGER □ DATE 7 / 22 / 7023  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.	1			
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LEAVE OF ABSENCE FROM   UNTIL	☐ TEMP. SERVICE COMPI			
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APPROVED BY TOWN MANAGER    DATE	June Silve		8/22/23	
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Signature Date			00/10/100	
Date 0/-0/25	Signature ///////	M_	Date //K 123 127	
	7///			

8/23/23 @ 10:45m Mr. Kovintake accepted conditional verbal job your star

TO: PAYROLL DEPARTMEN	NT .	
PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING EFF	CHANGE(S) A A 104 100	EFFECTIVE DATE
TO YOUR RECORDS TAKING EFF	ECT ON: 1/21/22	11/21/22
EMPLOYEE NAME Jayden I	000000	
Jayuen i	_eagans	
EMPLOYEE NUMBER	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER		71350
■ JOB TITLE		Lifeguard
□ GRADE		
☐ ANNUAL RATE		
■ HOURLY RATE		\$11,33
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
■ SHIFT TIME		varies
THE REASON FOR THE CHA	NGE(S):	
HIRED		RY PERIOD COMPLETED
□ RE-HIRED		ERVICE INCREASE
☐ PROMOTION		
		ION OF EXISTING JOB
DEMOTION	☐ RESIGNATION	
☐ TRANSFER FROM	🗆 RETIREMENT	
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMEN		SNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE	TED DISCHARGE	
☐ LEAVE OF ABSENCE FRO	M	_UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)	,	, ,
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AUTHORIZATION:		
RECOMMENDED BY DEPARTME	INT HEAD	DATE
1/2/2		11-22-22
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APPROVED BY HUMAN RESOUR	CES MANAGER	DATE
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APPROVED BY TOWN MANAGER		DATE
I garit		11/29/22
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EMBLOVEE ACKNOWLED	TEL AFRIT	
EMPLOYEE ACKNOWLEDG	JEMENI	
	0.181 1 111 -	
I have received a copy of the T		nge Form and understand that
my hourly/yearly salary is as in	dicated above.	
1 1 1		10 10 00
Signature Juden Jee	NOVIS	Date 12/9/22

TO: PAYROLL DEPARTMEN	NT	
PLEASE ENTER THE FOLLOWING	G CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING FER	PECT ON	
EMPLOYEE NAME Andrew L	undv	
EMPLOYEE NUMBER	DATE HR CHANGED	
	DATE THE CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
■ DEPARTMENT NUMBER		71300
B JOB TITLE		Front Desk Attendant
□ GRADE		
☐ ANNUAL RATE		
HOURLY RATE		\$15
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
☐ SHIFT TIME		
THE REASON FOR THE CHA	ANGF(S):	
■ HIRED		ARY PERIOD COMPLETED
☐ RE-HIRED		The state of the s
		SERVICE INCREASE
□ PROMOTION		TION OF EXISTING JOB
DEMOTION	☐ RESIGNATIO	ON
☐ TRANSFER FROM	🗆 RETIREMEN	T
☐ MERIT INCREASE	☐ SALARY AL	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE	ETED DISCHARGE	
☐ LEAVE OF ABSENCE FRO		UNTIL
	(DATE)	(DATE)
OTHER (Explain)		•
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AUTHORIZATION:		
RECOMMENDED BY DEPARTME	NT HEAD	DATE
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am		2-16-23
APPROVED BY HUMAN RESOUR	ICES MANAGER	DATE
2 Stues Forces		9-33-33
APPROVED BY TOWN MANAGER		DATE
		2.22-23
Prtr		2000)
EMPLOYEE ACKNOWLEDG	GEMENT	
I have received a copy of the T	own of Wytheville Pav Ch	ange Form and understand that
my hourly/yearly salary is as in	dicated above.	
Λ		
Signature Andrew Lan	der	Date 2-27-23

	PLEASE ENTER THE FOLLOWING	NT C CHANGE(S)	FEFECTIVE DATE
Ι.	TO YOUR RECORDS TAKING EFI	FECT ON	EFFECTIVE DATE 5-9-23
	EMPLOYEE NAME Jennie Ma	2000	
l-v-	- · · · · · · · ·		
	EMPLOYEE NUMBER	DATE HR CHANGED	
L			
	THE CHANGE(S):		
Г	✓ All Applicable Boxes	FROM	ТО
-	B DEPARTMENT NUMBER	1 KOM	71290
	■ JOB TITLE		Fitness Instructor
	□ GRADE		
	□ ANNUAL RATE		
	HOURLY RATE		\$15.00
	CLASS (Exempt, Non-Exempt)		
	STATUS (FT, PT)		PT
L	D SHIFT TIME		
	THE REASON FOR THE CH	ANGE(S).	•
			NARY PERIOD COMPLETED
	HIRED		
	□ RE-HIRED		SERVICE INCREASE
	☐ PROMOTION		ATION OF EXISTING JOB
	□ DEMOTION	□ RESIGNATI	
	TRANSFER FROM	DRETIREMEN	VI
	☐ MERIT INCREASE		LIGNMENT ADJUSTMENT
	☐ TEMP. SERVICE COMPL		
	☐ LEAVE OF ABSENCE FR	OMOATE)	UNTIL(DATE)
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	LI OTTIER (Explain)		
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j î	AUTHORIZATION:	ENT HEAD	DATE
1	AUTHORIZATION: RECOMMENDED BY DEPARTM	ENT HEAD	DATE
	RECOMMENDED BY DEPARTM		DATE 5-23-23
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المعنن	RECOMMENDED BY DEPARTM		5-23-23 DATE
ined	APPROVED BY HUMAN RESOU	RCES MANAGER RAP	5-23-23 DATE 5-23-23
ined	RECOMMENDED BY DEPARTM	RCES MANAGER RAP	5-23-23 DATE 5-23-23
ined	APPROVED BY HUMAN RESOU	RCES MANAGER RAP	5-23-23 DATE 5-23-23
ined	APPROVED BY HUMAN RESOU	RCES MANAGER RAP	5-23-23 DATE 5-23-23
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ined	APPROVED BY HUMAN RESOURCE BY TOWN MANAGE	RCES MANAGER Pup	5-23-23 DATE 5-23-23
ined	APPROVED BY HUMAN RESOURCE APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLED	ER DGEMENT	5-23-23 DATE 5-23-23 DATE 5-25-2023
ined	APPROVED BY HUMAN RESOURCE APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLED	RCES MANAGER RAPER PARAGER PAR	5-23-23 DATE 5-23-23
imed	APPROVED BY HUMAN RESOURCE APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLED I have received a copy of the	RCES MANAGER RAPER PARAGER PAR	5-23-23 DATE 5-23-33 DATE 5-25-2023 Change Form and understand that
المحسن	APPROVED BY HUMAN RESOURCE APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLED I have received a copy of the my hourly/yearly salary is as	RCES MANAGER RAPER PARAGER PAR	5-23-23 DATE 5-23-33 DATE 5-25-2023 Change Form and understand that
ined	APPROVED BY HUMAN RESOURCE APPROVED BY HUMAN RESOURCE APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLED I have received a copy of the	RCES MANAGER RAPER PARAGER PAR	5-23-23 DATE 5-23-23 DATE 5-25-2023

TO: PAYROLL DEPARTME	NT	
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	G CHANGE(S) A/2/22	EFFECTIVE DATE 4/3/23
		4/3/23
EMPLOYEE NAME Cheyan	ne Rayne Miller	
ENTER OVER NUMBER	TO TRUTTE OF THE CONTROL	
EMPLOYEE NUMBER	DATE HR CHANGED	
1110		
THE CHANCE(C).		
THE CHANGE(S):	EDOM	TO
✓ All Applicable Boxes  □ DEPARTMENT NUMBER	FROM	TO 71310
☐ JOB TITLE		7 (3)O
□ GRADE		ASK Courseion
☐ ANNUAL RATE		***
■ HOURLY RATE		\$15/hr
□ CLASS (Exempt, Non-Exempt)		
■ STATUS (FT, PT)		PT
☐ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
HIRED		ARY PERIOD COMPLETED
☐ RE-HIRED		SERVICE INCREASE
☐ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION ☐ RESIGNATION		
☐ TRANSFER FROM ☐ RETIREMENT		
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
🗆 TEMP. SERVICE COMPL		. 1
$  \Box$ LEAVE OF ABSENCE FR	OM	UNTIL
	(DATE)	(DATE)
□ OTHER (Explain)		
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
	•	7 7 0 12
11		3-30-23
APPROVED BY HUMAN RESOU	RCES MANAGER	DATE
		D 4 (7)
APPROVED BY TOWN MANAGER		DATE
B~F	~	4/3/2023
10.71	-	
EMBLOVEE ACKNOWLED	CEMENT	•
EMPLOYEE ACKNOWLED	GEMENI	
71. 1.4. 0.7.7	T	70
		nange Form and understand that
my hourly/yearly salary is as i	indicated above.	
Signature A	71111111	011105/72
Signature ###	UNIVIOR	Date 04/05/23

TO: PAYROLL DEPARTME	NT		
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	G CHANGE(S) 5/3/23 FECT ON:	EFFECTIVE DATE 5/3/23	
EMPLOYEE NAME Hannah	Miller		
EMPLOYEE NUMBER 1565	DATE HR CHANGED		
THE CHANGE(S):  All Applicable Boxes	FROM	то	
DEPARTMENT NUMBER			
O JOB TITLE			
GRADE ANNUAL RATE	· · · · · · · · · · · · · · · · · · ·		
D HOURLY RATE			
CLASS (Exempt, Non-Exempt)			
O STATUS (PT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CH	IANGE(S):		
HIRED		IARY PERIOD COMPLETED	
□ RE-HIRED		SERVICE INCREASE	
PROMOTION		TION OF EXISTING JOB	
☐ DEMOTION	□ RESIGNATIO	ON	
TRANSFER FROM	☐ RETIREMEN	łT .	
MERIT INCREASE	□ SALARY AL	IGNMENT ADJUSTMENT	
TEMP. SERVICE COMPI	LETED 🗆 DISCHARGI	E .	
☐ LEAVE OF ABSENCE FI	ROM	UNTIL	
(DATE) (DATE)  OTHER (Explain)!-code swim instructor to 71350 for \$16.30 per hour			
OTHER (Explain)1-code sw	im instructor to 71350 for \$16.30	per nour	
		)	
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	MENTHEAD	DATE	
fun.			
APPROVED BY HUMAN RESO	URCES MANAGER 13, 764	DATE	
Joseth Sperkery		3/4/23	
APPROVED BY TOWN MANAC	)er	DATE	
B = 5/4/2023			
EMPLOYEE ACKNOWLE	DGEMENT		
I have received a copy of the	Town of Wytheville Pav C	hange Form and understand that	
my hourly/yearly salary is as			
۸ الانسان	17/10/	Date 5/5/23	
Signature WWW !	HULLY	Date 3/3/23	

SYLS ENTERED

TO: PAYROLL DEPARTMEN	NT .	, 2011 0 130	
PLEASE ENTER THE FOLLOWING		EFFECTIVE DATE	
TO YOUR RECORDS TAKING EFF	10/3/92		
EMPLOYEE NAME Doug Nichols			
EMPLOYEE NUMBER	DATE HR CHANGED		
1676	DATE HIX CHANGED		
1010			
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	
■ DEPARTMENT NUMBER		44200	
■ JOB TITLE		Technology Specialist	
□ GRADE			
☐ ANNUAL RATE			
■ HOURLY RATE		\$18,00/hour	
CLASS (Exempt, Non-Exempt)		Non-Exempt	
■ STATUS (FT, PT)	<u> </u>	PT	
■ SHIFT TIME		Varies	
THE REASON FOR THE CHA	NGE(S):		
■ HIRED	☐ PROBATION	ARY PERIOD COMPLETED	
□ RE-HIRED	☐ LENGTH OF :	SERVICE INCREASE	
□ PROMOTION		TION OF EXISTING JOB	
□ DEMOTION	□ RESIGNATIO		
☐ TRANSFER FROM	DRETIREMEN		
☐ MERIT INCREASE		GNMENT ADJUSTMENT	
🛘 🗆 TEMP. SERVICE COMPLE	TED DISCHARGE		
☐ LEAVE OF ABSENCE FRO	OM	UNTIL	
☐ OTHER (Explain)	(DATE)	(DATE)	
AUTHORIZATION:			
RECOMMENDED BY DEPARTME	NT HEAD	DATE	
De Place	(C)	9/10/27	
Coallas Lec	sey	1/20/20	
APPROVED BY HUMAN RESOUR	CES MANAGER	DATE	
Shuid		9/28/22	
APPROVED BY TOWN MANAGER	person.	DATE	
APPROVED BY TOWN MANAGER		DATE / A / TARZ	
1		9/29/2022	
EMPLOYEE ACKNOWLEDG	EMENT		
I have received a conv of the To	own of Wytheville Day Che	ange Form and understand that	
I have received a copy of the Town of Wytheville Pay Change Form and understand that			
my hourly/yearly salary is as inc	incated above.	,	
Signature freeze		Date 10/3/22	

VA-DL T63704588 Es. 7/1017a

	TO: PAYROLL DEPARTMI		
	PLEASE ENTER THE FOLLOWIN	NG CHANGE(S)	EFFECTIVE DATE
	TO YOUR RECORDS TAKING FI	FEECT ON:	
	EMPLOYEE NAME Hailey I	Dotal	
	папеу і	-alei	
	EMPLOYEE NUMBER	DATE HR CHANGED	
	1199		
	THE CHANGE(S):		
	✓ All Applicable Boxes	FROM	TO
	■ DEPARTMENT NUMBER		44200/44000
	■ JOB TITLE		Information Desk Specialist Seasonal
	GRADE		
	☐ ANNUAL RATE		
	■ HOURLY RATE		\$15.00
	■ CLASS (Exempt, Non-Exempt)		Non-Exempt
	■ STATUS (FT, PT)		PT
	■ SHIFT TIME		Varies
	THE REASON FOR THE CH	(ANGE(S):	
	HIRED	······································	A DAY DEDIOD COMMI EARD
	☐ RE-HIRED		ARY PERIOD COMPLETED
			SERVICE INCREASE
	☐ PROMOTION	□ RE-EVALUA1	TION OF EXISTING JOB
	☐ DEMOTION	☐ RESIGNATIO	N
	☐ TRANSFER FROM	☐ RETIREMENT	r
	☐ MERIT INCREASE	□ SALARY ALI	GNMENT ADJUSTMENT
	☐ TEMP. SERVICE COMPL		
	☐ LEAVE OF ABSENCE FR		UNTIL
	D DERVE OF ADDERCE TO	(DATE)	(DATE)
	☐ OTHER (Explain)	(DATE)	(DATE)
	- OTTIBLE (Explain)	·	
	AUTHORIZATION:		
	RECOMMENDED BY DEPARTM	ENT HEAD	DATE ,
		1	5/17/2023
			$\int \int \int \int du $
Rovinse	APPROVED BY NUMAN/RESOU	RCES MANAGER P.O.	DATE /
	19 0		
	( ) Steep of t	3000	5 - 18 - 23
	APPROVED BY TOWN MANAGE	iR .	DATE
	207		6 10 13 2
	D-N		5-18-23
	EMPLOYEE ACKNOWLED	GEMENT	
1			
	·I have received a copy of the T	own of Wytheville Pay Char	nge Form and understand that
	my hourly/yearly salary is as ir		O - THE COLUMN WALKS WANTED
		AMAZZONIA MAGALA	
	Signature		Date 5-24-23
	Signatura   A/I/III		



TO: PAYROLL DEPARTMENT	NT	F1 - 29/00 - 19/00 - 19/00 - 19	
PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING EFI	FECT ON:	EFFECTIVE DATE 5/15/2022	
EMPLOYEE NAME Ryan Pa	atton		
Nyan Fa	attori		
EMPLOYEE NUMBER 1419	DATE HR CHANGED		
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	TO	
☐ DEPARTMENT NUMBER	71400	71400	
☐ JOB TITLE	laborer I	laborer I	
□ GRADE	4	4	
■ ANNUAL RATE	\$24,398.40	\$26,000.00	
HOURLY RATE	\$11.73	\$12,50	
CLASS (Exempt, Non-Exempt)			
□ STATUS (FT, PT)			
☐ SHIFT TIME			
THE REASON FOR THE CH.  ☐ HIRED  ☐ RE-HIRED  ☐ PROMOTION	☐ PROBATION☐ LENGTH OF☐ RE-EVALUA	NARY PERIOD COMPLETED SERVICE INCREASE ATION OF EXISTING JOB	
☐ DEMOTION	☐ RESIGNATION	ON	
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE	<del></del>	LIGNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPL.		1	
☐ LEAVE OF ABSENCE FR			
LEAVE OF ABSENCE PA	(DATE)	UNTIL(DATE)	
OTHER (Explain)	(DAIL)	l l	
AUTHORIZATION:			
RECOMMENDED BY DEPARTM	ENT HEAD	DATE	
5-16-22			
APPROVED BY HUMAN RESOURCES MANAGER  DATE  5/19/22			
ADDROVED BY TOURING NAME OF	new was	Dutt	
APPROVED BY TOWN MANAGER  DATE  5/24/2022			
EMPLOYEE ACKNOWLED	GEMENT		
I have received a copy of the Town of Wytheville Pay Change Form and understand that my hourly/yearly salary is as indicated above.			
12 . 0	77	Date 5/25/22	
Signature / Jen / Ca	V-C	Date 1/63/26	



check

TO: PAYROLL DEPARTMEN	Т	
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 9/25/2022
TO YOUR RECORDS TAKING EFFECT ON:		9/25/2022
EMPLOYEE NAME Richard I	Pickle	
EMPLOYEE NUMBER 1325	DATE HR CHANGED	
1325	DITTE TIK CHI KIGED	Will reflect on 9/30/22
		THE PETE OF JULY
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER		43700
■ JOB TITLE		Custodian III Sume
<b>■</b> GRADE		05 Since
■ ANNUAL RATE	\$25,435.46	\$26,000.00
■ HOURLY RATE	\$12.23	\$12.50
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		
□ SHIFT TIME		
THE REASON FOR THE CHA	NGE(S):	
□ HIRED		ARY PERIOD COMPLETED
☐ RE-HIRED		SERVICE INCREASE
□ PROMOTION		TION OF EXISTING JOB
DEMOTION		
☐ TRANSFER FROM	□ RESIGNATIO	
	DRETIREMEN	-
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE		<b> </b>
☐ LEAVE OF ABSENCE FRO		UNTIL
☐ OTHER (Explain)	(DATE)	(DATE)
C OTTLER (Explain)		
ATTRIODICATION		
AUTHORIZATION:		
RECOMMENDED BY DEPARTMEN	IT HEAD	DATE
0-11	h	9-22-2020
APPROVED BY HUMAN RESOURG	DEC MANIA CED	9-12-2022
AT THE VEST OF HOMAN RESIDEN	ES MANAGER	DATE 9/22/2022
Dev d. The	llia	9/29/2022
APPROVED BY TOWN MANAGER		DATE
D T		2/22/
L D		DATE 7/202 2
EMPLOYEE ACKNOWLEDG	EMENT	
I have received a copy of the To-	un of Wytheville Day Ch	ange Form and understand that
my hourly/yearly salary is as ind		ange roim and understand that
Signature Ruchas Ruy Pre	_/.	Date 9.30-2020



TO: PAYROLL DEPARTM	MENT			
PLEASE ENTER THE FOLLOW	/ING CHANGE(S)	EFFECTIVE DATE 8/31/22		
TO YOUR RECORDS TAKING	EFFECT ON:	0/31/22		
EMPLOYEE NAME Keith	Plamann			
EMBLOVEE MUMBER				
EMPLOYEE NUMBER 167	DATE HR CHANGED	DOH 9/8/22		
	/	7072		
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	TO		
■ DEPARTMENT NUMBER	FROM	TO 71370		
JOB TITLE		Asst. Recreation Supervisor-Fitness		
GRADE		Asst. Recreation Supervisor-Fitness		
□ ANNUAL RATE				
		\$11:00		
CLASS (Exempt, Non-E	stat Data -	Non-Exempt Non-Exempt		
STATUS (FT, PT)		PT		
☐ SHIFT TIME	2121			
	4/8/2022			
THE REASON FOR 1	2/8/2022 -			
HIRED		NARY PERIOD COMPLETED		
□ RE-HIRED				
		F SERVICE INCREASE		
PROMOTION		ATION OF EXISTING JOB		
DEMOTION	🗆 RESIGNATI			
☐ TRANSFER FROM	RETIREMEN	NT		
│ □ MERIT INCREASE	☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT			
│ □ TEMP. SERVICE COM				
	PLETED DISCHARGE	E		
☐ TEMP. SERVICE COM☐ LEAVE OF ABSENCE	PLETED DISCHARGE			
☐ LEAVE OF ABSENCE	PLETED DISCHARGE	E UNTIL (DATE)		
☐ LEAVE OF ABSENCE	PLETED DISCHARGE FROM(DATE)	E UNTIL (DATE)		
☐ LEAVE OF ABSENCE	PLETED DISCHARGE FROM(DATE)	E UNTIL (DATE)		
☐ LEAVE OF ABSENCE	PLETED DISCHARGE FROM(DATE)	E UNTIL (DATE)		
☐ LEAVE OF ABSENCE ☐ OTHER (Explain)71370	PLETED DISCHARGE FROM(DATE)	E UNTIL (DATE)		
☐ LEAVE OF ABSENCE	PLETED DISCHARG! FROM(DATE) Fit for Life: \$13.00; 71300 Facility S	E UNTIL (DATE)		
☐ LEAVE OF ABSENCE ☐ OTHER (Explain)713701	PLETED □ DISCHARG! FROM(DATE) Fit for Life: \$13.00; 71300 Facility S	E UNTIL (DATE) supervisor: \$11.00		
AUTHORIZATION:  RECOMMENDED BY DEPAR	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD	E		
☐ LEAVE OF ABSENCE ☐ OTHER (Explain)713701	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD	E UNTIL (DATE) supervisor: \$11.00		
AUTHORIZATION:  RECOMMENDED BY DEPAR	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD	E		
AUTHORIZATION: RECOMMENDED BY DEPART	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER	DATE    DATE   DATE     DATE		
AUTHORIZATION:  RECOMMENDED BY DEPAR	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER	DATE    DATE   DATE     DATE		
AUTHORIZATION: RECOMMENDED BY DEPART	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER	DATE    DATE   DATE     DATE		
AUTHORIZATION: RECOMMENDED BY DEPART	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER	E		
AUTHORIZATION: RECOMMENDED BY DEPART	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER	DATE    DATE   DATE     DATE		
AUTHORIZATION: RECOMMENDED BY DEPART  APPROVED BY HUMAN RESOLUTION  EMPLOYEE ACKNOWLE	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER  EDGEMENT	DATE    DATE		
AUTHORIZATION: RECOMMENDED BY DEPART  APPROVED BY HUMAN RESOLUTION  EMPLOYEE ACKNOWLI  I have received a copy of the	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER  AGER  EDGEMENT  THE Town of Wytheville Pay C	DATE    DATE   DATE     DATE		
AUTHORIZATION: RECOMMENDED BY DEPART  APPROVED BY HUMAN RESOLUTION  EMPLOYEE ACKNOWLE	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER  AGER  EDGEMENT  THE Town of Wytheville Pay C	DATE    DATE		
AUTHORIZATION: RECOMMENDED BY DEPART  APPROVED BY HUMAN RESOLUTION  EMPLOYEE ACKNOWLI  I have received a copy of the	PLETED DISCHARGE FROM (DATE) Fit for Life: \$13.00; 71300 Facility S  TMENT HEAD  OURCES MANAGER  EDGEMENT  The Town of Wytheville Pay Coas indicated above.	DATE    DATE		

VA. DMY T65835313 Exp: 10/23/2009

TO: PAYROLL DEPARTMENT	NT	
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 1/3/22
TO YOUR RECORDS TAKING EFF	FECT ON: 1/3/22	1/3/22
EMPLOYEE NAME IIS Primi	m	
EMPLOYEE NUMBER		
1695	DATE HR CHANGED	
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	70
■ DEPARTMENT NUMBER		71350
■ JOB TITLE		11530
□ GRADE		Litegavid
☐ ANNUAL RATE		
HOURLY RATE		15,00
CLASS (Exempt, Non-Exempt)		.0.00
STATUS (FT, PT)		PT
<b>■</b> SHIFT TIME		Jar.es
		WALTES
THE REASON FOR THE CHA	NGE(S):	
HIRED		DV DEDICE COLUMN
☐ RE-HIRED		ARY PERIOD COMPLETED
☐ PROMOTION	LENGTH OF S	SERVICE INCREASE
□ DEMOTION	□ RE-EVALUAT	TION OF EXISTING JOB
	☐ RESIGNATIO	N
☐ TRANSFER FROM	🗆 RETIREMENT	
☐ MERIT INCREASE	T SALADV ALI	GNMENT ADJUSTMENT
TEMP. SERVICE COMPLE	TED DISCHARGE	
☐ LEAVE OF ABSENCE FRO	M	LIMPH
☐ LEAVE OF ABSENCE FRO	(DATE)	_ UNTIL
☐ OTHER (Explain)		(DATE)
AUTHORIZATION:		·
RECOMMENDED BY DEPARTMEN		
WECOMINICIDED BY SEPARIMEN	IT HEAD	DATE
1 4 h		1.3-23
APPROVED BY HUMAN RESOURCE	EC MANAGED	
C 6)	ES MANAGER	DATE
Theen of Dr	26.0	1 2 02
APPROVED BY TOWN MANAGER		1-3-23
<b>X</b>		DATE
anit	<del>-</del>	1-3-23
EMPLOYEE ACKNOWLEDGE	EMENT	
I have received a constant	CTIL	
I have received a copy of the Tov my hourly/yearly salary is as indi	vn of Wytheville Pay Char	nge Form and understand that
/ sularly sularly is as midi	Caled above.	
Signature Close 1	rum	_ Date_1/3/23
- ( )		

VA-T63743040 Exp. 8/24/2030



TO: PAYROLL DEPARTME	NT			
PLEASE ENTER THE FOLLOWING CHANGE(S) 9/20/22 EFFECTIVE DATE 9/20/2				
I TO TOOK KEEDOKED TAKING ET.	0/23/23			
EMPLOYEE NAME Joseph Puckett				
EMPLOYEE NUMBER	DATE HR CHANGED			
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	ТО		
☐ DEPARTMENT NUMBER	FROM	10		
☐ JOB TITLE				
□ GRADE				
☐ ANNUAL RATE				
☐ HOURLY RATE				
□ CLASS (Exempt, Non-Exempt)	<u> </u>			
☐ STATUS (FT, PT)				
☐ SHIFT TIME				
THE REASON FOR THE CH.	ANGE(S):			
□HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED		
□ RE-HIRED	☐ LENGTH OF S	SERVICE INCREASE		
☐ PROMOTION		TION OF EXISTING JOB		
DEMOTION	☐ RESIGNATIO	1		
☐ TRANSFER FROM				
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT				
☐ TEMP. SERVICE COMPLETED ☐ DISCHARGE				
		IDITII		
□ LEAVE OF ABSENCE FROM UNTIL (DATE)  OTHER (Explain) 1 code 71320 to 15.00 for 15.00				
OTHER (Explain) to code 71320 to 15.00 Co				
Con Contract (Explain)	office assistant	0.00		
pool office assistant				
ATIMITADIDAMIA				
AUTHORIZATION:	20.000			
RECOMMENDED BY DEPARTME	ENT HEAD	DATE		
1/2/		8-31-23		
APPROVED BY HUMAN RESOURCES REPRESENTATIVE DATE				
Reviewed 1	C .			
/ Subseco /	( )autif	8/31/23 DATE 8/5/2023		
APPROVED BY TOWN MANAGE	ĸ	DATE		
7 7		8/5/2023		
5-4				
EMPLOYEE ACKNOWLEDGEMENT				
I have received a copy of the T		inge norm and understand that		
my hourly/yearly salary is as in	idicated above.			
Signature	· · · · · · · · · · · · · · · · · · ·	Date		

	ENT			
PLEASE ENTER THE FOLLOWIN	IG CHANGE(S)	EFFECTIVE DATE 5/9/22		
TO YOUR RECORDS TAKING EI		5/9/22		
EMPLOYEE NAME -	. 0			
	Josh Reeves			
EMPLOYEE NUMBER 1442				
1440				
	•			
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	ТО		
□ DEPARTMENT NUMBER	-			
JOB TITLE	1			
GRADE				
☐ ANNUAL RATE				
■ HOURLY RATE	\$11	\$11.23		
CLASS (Exempt, Non-Exempt)				
STATUS (FT, PT)				
☐ SHIFT TIME				
THE REASON FOR THE CH	ANGE(S):			
□HIRED	□ PROBATION	VARY PERIOD COMPLETED		
□ RE-HIRED		SERVICE INCREASE		
☐ PROMOTION		ATION OF EXISTING JOB		
DEMOTION	□ RESIGNATI			
☐ TRANSFER FROM	DRETIREMEN	· ·		
☐ MERIT INCREASE		LIGNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPL	ETED 🗀 DISCHARGI	E		
☐ LEAVE OF ABSENCE FR	OM	UNTIL		
	OM(DATE)	(DATE)		
OTHER (Explain)				
ALITHODIZATION.				
AUTHORIZATION:	Chim ter a r			
AUTHORIZATION: RECOMMENDED BY DEPARTM	ENT HEAD	DATE		
	ENT HEAD			
RECOMMENDED BY DEPARTM		5-9-22		
RECOMMENDED BY DEPARTM	ENT HEAD	S-9-23 DATE		
RECOMMENDED BY DEPARTM		S-9-23 DATE		
APPROVED BY DEPARTM  APPROVED BY HUMAN RESOU	RCES MANAGER	S-9-23 DATE		
RECOMMENDED BY DEPARTM	RCES MANAGER	S-9-22 DATE 5/12/2>		
APPROVED BY DEPARTM  APPROVED BY HUMAN RESOU	RCES MANAGER	S-9-22 DATE		
APPROVED BY DEPARTM  APPROVED BY HUMAN RESOU	RCES MANAGER	S-9-22 DATE 5/12/2>		
APPROVED BY TOWN MANAGE	RCES MANAGER SALLES ER	S-9-22 DATE 5/12/2>		
APPROVED BY DEPARTM  APPROVED BY HUMAN RESOU	RCES MANAGER SALLES ER	S-9-22 DATE 5/12/2>		
APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLED	RCES MANAGER STATES  R GEMENT	S-9-22 DATE 5/12/22 DATE 5/16/2022		
APPROVED BY HUMAN RESOU  APPROVED BY HUMAN RESOU  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLED  I have received a copy of the 1	RCES MANAGER  STR  GEMENT  Town of Wytheville Pay C	S-9-22 DATE 5/12/2>		
APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLED	RCES MANAGER  STR  GEMENT  Town of Wytheville Pay C	S-9-22 DATE  5/12/22 DATE  5/16/2022		
APPROVED BY HUMAN RESOU  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLED  I have received a copy of the 1 my hourly/yearly salary is as in	RCES MANAGER  STR  GEMENT  Town of Wytheville Pay C	DATE  5/13/3> DATE  5/16/2022  hange Form and understand that		
APPROVED BY HUMAN RESOU  APPROVED BY HUMAN RESOU  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLED  I have received a copy of the 1	RCES MANAGER  STR  GEMENT  Town of Wytheville Pay C	S-9-22 DATE 5/12/22 DATE 5/16/2022		
APPROVED BY HUMAN RESOU  APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLED  I have received a copy of the 1 my hourly/yearly salary is as in	RCES MANAGER  STR  GEMENT  Town of Wytheville Pay C	DATE  5/13/3> DATE  5/16/2022  hange Form and understand that		

TO: PAYROLL DEPARTME	ENT			
PLEASE ENTER THE FOLLOWIN	EFFECTIVE DATE 5/4/2023			
PLEASE ENTER THE FOLLOWING CHANGE(S) 5/4/2023  EFFECTIVE DATE 5/4/202				
EMPLOYEE NAME Owen A	lexander Repass			
EMPLOYEE NUMBER	DATE HR CHANGED			
	SALETIK CHARGED			
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	ТО		
☐ DEPARTMENT NUMBER		71330		
□ JOB TITLE		Official		
□ GRADE				
□ ANNUAL RATE				
☐ HOURLY RATE		20		
CLASS (Exempt, Non-Exempt)		Non-Exempt		
□ STATUS (FT, PT)		PT		
□-SHIFT TIME				
THE REASON FOR THE CH	ANGE(S):			
■ HIRED		RY PERIOD COMPLETED		
□ RE-HIRED		ERVICE INCREASE		
□ PROMOTION		ON OF EXISTING JOB		
□ DEMOTION □ RESIGNATION				
☐ TRANSFER FROM ☐ RETIREMENT				
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT				
TEMP CEDUICE COMPLETED TO DIGGIA DE				
☐ LEAVE OF ABSENCE FR	OM	UNTIL		
☐ LEAVE OF ABSENCE FR	(DATE)	UNTIL		
☐ OTHER (Explain)				
AUTHORIZATION:				
RECOMMENDED BY DEPARTM	ENT HEAD	DATE		
	0	54419605		
1110		3/4/2023		
APPROVED BY HUMAN RESOU	RCES MANAGER Director	DATE		
Joseth Syphentory		5/4/2023		
APPROVED BY TOWN MANAGI	ER Accient	DATE		
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gra,	<del></del>	5/4/2023 DATE 5/4/2023 DATE 5/5/2023		
EMPLOYEE ACKNOWLED	GEMENT			
Lhous massive 1				
I have received a copy of the Town of Wytheville Pay Change Form and understand that				
my hourly/yearly salary is as i	ndicated above.			
Signotary				
Signature		Date		

VA B69777779 Exp:13/31/2027

	TO: PAYROLL DEPARTMENT				
	PLEASE ENTER THE FOLLOWING CHANGE(S) 7/00/00 EFFECTIVE DATE 7/00/00				
	TO YOUR RECORDS TAKING EFFECT ON: 5/22/23				
	EMPLOYEE NAME Carl Jason Roberts				
	EMPLOYEE NUMBER				
	EMPLOYEE NUMBER	DAT	E HR CHANGED		İ
		<u> </u>			
	THE CHANGE(S):				
	✓ All Applicable Boxes		FROM		ТО
	☐ DEPARTMENT NUMBER		1.KOM		71330
	□ JOB TITLE				Athletic Official
	□GRADE				Autout Onicial
	☐ ANNUAL RATE				
	☐ HOURLY RATE				20.80
	☐ CLASS (Exempt, Non-Exempt)				
	□ STATUS (FT, PT)				PT
	☐ SHIFT TIME				
	THE REASON FOR THE CH	ANGE(S	S):		
	■ HIRED		☐ PROBATION	ARY PER	RIOD COMPLETED
	☐ RE-HIRED		☐ LENGTH OF		1
	☐ PROMOTION				EXISTING JOB
	DEMOTION		☐ RESIGNATIO		EXISTING JOB
	☐ TRANSFER FROM		□ RETIREMEN		
	☐ MERIT INCREASE			=	T ADJUSTMENT
	☐ TEMP. SERVICE COMPL	CTUD			I ADJUSTMENT
	☐ LEAVE OF ABSENCE FR	.UM	(DATE)	— ON HI	
	OTHER (Explain)		(DATE)		(DATE)
	ALITHODIZATION.				
	AUTHORIZATION: RECOMMENDED BY DEPARTM	EN ION LIED A			
	RECOMMENDED BY DEPARAM	ENT HEA	D		DATE
	In h				5-17-23
Reviews	APPROVED BY HUMAN RESOLU	RCES-MA	NAGER D. O.		DATE
, -	9 0		massi fiche		222 2222 222
	- Xuean		00		5-18-23
	APPROVED BY TOWN MANAGE	ER			DATE
	PT				5-18-73
	13-41				7-10 25
	EMBLOVEE ACVAION/LED	CENTEN.	T-		
	EMPLOYEE ACKNOWLED	OEMEN	1		
ſ	I have received a copy of the T	Coun of I	Vuthavilla Day Ch.	ance Form	e and understand that
1	my hourly/yearly salary is as in			ange rom	i and understand that
	my nounty/yearly salary is as if	ndicated	adove.		
	Ciamatum / //	- /	1	\$2.00	
	Signature	/	06	Da	te 05 04 dw3
Ŀ					

	TO: PAYROLL DEPARTME	NI		
	PLEASE ENTER THE FOLLOWING CHANGE(S) 6/12/23 EFFECTIVE DATE 6/12/23			
	TO YOUR RECORDS TAKING EFFECT ON: 0/ 12/23			0/12/23
	EMPLOYEE NAME Erica Ro	anhr	V	
	EMPLOYEE NUMBER	DATE	y up our nour	
	1730	DAI	E HR CHANGED	
ı	100		**************************************	
	THE CHANGE(S):			
[	✓ All Applicable Boxes		FROM	TO
	■ DEPARTMENT NUMBER			71350
	■ JOB TITLE			Lifeguard
	☐ GRADE			•
	□ ANNUAL RATE			
ŀ	HOURLY RATE		·····	15.52
	☐ CLASS (Exempt, Non-Exempt)  ■ STATUS (FT, PT)			
ŀ	SHIFT TIME			PT
ı	- SILLI LIME			varies
	THE REASON FOR THE CH	ANGE(	s).	
	■ HIRED	TH TOD		RY PERIOD COMPLETED
	□ RE-HIRED			SERVICE INCREASE
ļ	□ PROMOTION			TION OF EXISTING JOB
	☐ DEMOTION		☐ RESIGNATIO	
-	☐ TRANSFER FROM		RETIREMENT	1
	☐ MERIT INCREASE	*****		GNMENT ADJUSTMENT
	☐ TEMP. SERVICE COMPL			
	☐ LEAVE OF ABSENCE FR	.ОМ		_ UNTIL
	OTHER (Evel-i-)		(DATE)	(DATE)
	☐ OTHER (Explain)			
	Name of the state			
	AUTHORIZATION:			
	RECOMMENDED BY DEPARTM	ENT HE	AD	DATE
	1/2/6			6.12.20
0 11	APPROVED BY HUMAN RESOU	DCEC M	ANACED (). O.	DATE
Reveleux	O CO TOWAN RESOU	KCES IM	WINDER Ketto.	DATE
	1 Samo	2	con	10-13-23
	APPROVED BY TOWN MANAG	ER		6-13-23 DATE
	12 7			6/14/2023
	DITT			6 17 2025
	EMPLOYEE ACKNOWLED	GEME	٧T	
Г				
				inge Form and understand that
	my hourly/yearly salary is as i	ndicated	l above.	
	6.7	1.		1 - 4
	Signature Euro Cook	w		Date 16/15/23

Eff Dec. Pay's. TOWN OF WYTHEVILLE PAY CHANGE FORM VRS Compensation

TO: PAYROLL DEPARTME	ENT		
		EFFECTLYE DATE	70 1105
TO YOUR RECORDS TAKING EFFECT ON:		1212122	Tec Ara
EMPLOYEE NAME Chartit	Marcella Duce		Dec VRS
EMPLOYEE NAME Chastit	y Marcella Russ	ell	
EMPLOYEE NUMBER 641	DATE HR CHANGED		7
041	12/2/23		
			<b>→</b>
THE CHANGE(S):			
✓ All Applicable Boxes	FROM	ТО	
☐ DEPARTMENT NUMBER			—
■ JOB TITLE	Police Officer	Police Corporal	
□ GRADE			
■ ANNUAL RATE	\$53,514	\$55,959	
☐ HOURLY RATE			
☐ CLASS (Exempt, Non-Exempt)			
☐ STATUS (FT, PT)			
☐ SHIFT TIME			
		***	_
THE REASON FOR THE CH	ANGE(S):		
□ HIRED		ARY PERIOD COMPLETED	
□ RE-HIRED			
		SERVICE INCREASE	
■ PROMOTION		ATION OF EXISTING JOB	
□ DEMOTION □ RESIGNATION		ON	
☐ TRANSFER FROM ☐ RETIREMENT			
☐ MERIT INCREASE	□ SALARY AL	IGNMENT ADJUSTMENT	
☐ TEMP. SERVICE COMPL	ETED □ DISCHARGE	3	
☐ LEAVE OF ABSENCE FR		UNTIL	
	(DATE)	(DATE)	-
☐ OTHER (Explain)	(211-2)	(51112)	
	23		-
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AUTHORIZATION:		3000	
RECOMMENDED BY DEPARTM	ENT HEAD	DATE	
hel 2 Hach,			
	<i>-</i>		
APPROVED BY HUMAN RESOU	RCES REPRESENTATIVE	DATE,	
1 16 x	1600	12/2/22	
The Ca	CKSON	1001000	
APPROVED BY TOWN MANAGI	EK	DATE 12/2/2022	
TRE		12/2/17000	,
101	8A A000	1-101000	•
71 471 CUPP 4 CW 1 CW 1		•	
EMPLOYEE ACKNOWLED	GEMENT		
I have received a copy of the	Γown of Wytheville Pay Cl	nange Form and understand that	
my hourly/yearly salary is as i	ndicated above.		
Signature		Date	

TO: PAYROLL DEPARTME	NT			
PLEASE ENTER THE FOLLOWING	EFFECTIVE DATE 02/20/2023			
TO YOUR RECORDS TAKING EFF	TO YOUR RECORDS TAKING EFFECT ON			
EMPLOYEE NAME Hope Sawyers				
nobe 28	awyers			
EMPLOYEE NUMBER	DATE HR CHANGED			
170le				
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	TO		
■ DEPARTMENT NUMBER	TACH	43700		
■ JOB TITLE		Building Maintenance Custodian 11		
<b>■</b> GRADE		4		
■ ANNUAL RATE		\$31,200		
■ HOURLY RATE		\$15.00		
☐ CLASS (Exempt, Non-Exempt)		<b>\$15.00</b>		
☐ STATUS (FT, PT)				
☐ SHIFT TIME				
THE REASON FOR THE CHA	ANGE(S):			
■ HIRED		ARY PERIOD COMPLETED		
□ RE-HIRED		SERVICE INCREASE		
☐ PROMOTION				
		TION OF EXISTING JOB		
DEMOTION	$\square$ RESIGNATIO	· ·		
☐ TRANSFER FROM	🗆 RETIREMEN	T		
☐ MERIT INCREASE	□ SALARY AL	IGNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPLI	ETED 🗆 DISCHARGE			
☐ LEAVE OF ABSENCE FRO	DM	UNTIL		
	(DATE)	(DATE)		
☐ OTHER (Explain)				
AUTHORIZATION:				
RECOMMENDED BY DEPARTME		DATE		
( ) inche / oak	•	7-15-22		
APPROVED BY HUMAN RESOURCES MANAGER		DATE		
E O	CCD MANAGER			
C Juen Lencon		ବାର୍ଯ୍ବ		
APPROVED BY TOWN MANAGE	R	DATÉ		
91011	- Assistant Town M	21.5125		
[ CICIT	- 173513 ten L /2mm /4/	on 2/15/23		
-				
EMPLOYEE ACKNOWLEDO	GEMENT			
		songo Forms and understand that		
I have received a copy of the T	own of Wytheville Pay Ch	ange Form and understand that		
	own of Wytheville Pay Ch	ange Form and understand that		
I have received a copy of the T	own of Wytheville Pay Chadicated above.	nange Form and understand that  Date 2-21-23		

		Chg on VRS Dec Dill
		Chg on the
1117	THEVILLE PAY CHANG	GE FORM
TOWN OF WY	IIID	
PAYROLL DEPARTMENT	(m)(n)	EFFECTIVE DATE
PAYROLL DEPARTMENT SE ENTER THE FOLLOWING OFFE	HANGE(S)	16.
TID RECORDS 11		
EMPLOYEE NAME	T Shelton	
	I DATE III O	
EMPLOYEE NUMBER 1506	11/30/22 KHI	
	21	то
THE CHANGE(S):	FROM	/
✓ All Applicable Boxes  □ DEPARTMENT NUMBER		1
☐ DEPARTMENT NO		31,200.00 V
GRADE	28 922.40	\$15.00
☐ ANNUAL RATE ☐ HOURLY RATE	\$13.91	
CLASS (Exempt, Non-Exempt)		
STATUS (FI, PI)		
☐ SHIFT TIME	TOTOTOTO	OVER ETED
THE REASON FOR THE C	HANGE(S).	ONARY PERIOD COMPLETED
HIRED	LENGTH	OF SERVICE INCREASE OF SERVICE INCREASE
RE-HIRED	□ RE-EVAL	JUATION OF EMBTS
☐ PROMOTION ☐ DEMOTION	□ RESIGNA	ATION
☐ TRANSFER FROM	RETIREN	ALIGNMENT ADJUSTMENT
MEDIT INCREASE		RGE
TEMP SERVICE CON		UNTIL
☐ LEAVE OF ABSENCE	E FROM(DATE)	(DATE)
☐ OTHER (Explain)		
A CONTRACTION OF		
AUTHORIZATION: RECOMMENDED BY DEPA	RTMENT HEAD	DATE
13/	1/1/2	11/16/2022
APPROVED BY HUMAN RI	DATE	
80	11.16-3032	
APPROVED BY TOWN MA	NAGER	DATE
	F	11/16/2022
EMPLOYEE ACKNOW	LEDGEMENT	
Enn Borez III		

I have received a copy of the Town of Wytheville Pay Change	Form and understand that
my hourly/yearly salary is as indicated above.	tom and understand that
Signature allsty Sub-	Date_     -   1 - 22

# TOWN OF WYTHEVILLE PAY CHANGE FORM C ng on Yes Nec D.11

TO: PAYROLL DEPARTMENT PLEASE ENTER THE FOLLOWING	G CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EFFECT ON:		12-1.22
EMPLOYEE NAME		
Scottie	O. Shelton	
EMPLOYEE NUMBER	DATE HR CHANGED	
1592	11/30/22	
THE CHANCE(C).	KHY	
THE CHANGE(S):  ✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER	FROM	TO
□ JOB TITLE		
□ GRADE		
☐ ANNUAL RATE	28 922.40	31, 200.00
☐ HOURLY RATE	28,922.40 \$13.91	\$15.00
☐ CLASS (Exempt, Non-Exempt)		
□ STATUS (FT, PT)		
□ SHIFT TIME		
THE REASON FOR THE CHA	NGE(S):	
□ HIRED		NARY PERIOD COMPLETED
□ RE-HIRED		F SERVICE INCREASE
□ PROMOTION		ATION OF EXISTING JOB
□ DEMOTION		
☐ TRANSFER FROM	□ RESIGNAT	
☐ MERIT INCREASE	RETIREME	
	_	LIGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPLE		
☐ LEAVE OF ABSENCE FRO	OM(DATE)	UNTIL(DATE)
☐ OTHER (Explain)	(DATE)	(DATE)
AUTHORIZATION:		
RECOMMENDED BY DEPARTME	NT HEAD	DATE
4 6 1		11/16/2022
APPROVED BY HUMAN RESOUR	CES MANAGED	DATE
8 OI —	CES MANAGER	
Chur Denan		11-16-2092
APPROVED BY TOWN MANAGE	R	DATE
TBF		11-16-2022 DATE 11/14/2022
EMPLOYEE ACKNOWLEDO	CEMENIT	
EMI DOT DE ACKNOW LEDC	DEMIETA I	
I have received a copy of the Te	own of Wytheville Pay (	Change Form and understand that
my hourly/yearly salary is as in		
si ditta	8/19/19	
Signature Section O.	reem	Date //-/7-22

OF PONTENED TOWN OF WYTHEVILLE PAY CHANGE FORM TO: PAYROLL DEPARTMENT EFFECTIVE DATE PLEASE ENTER THE FOLLOWING CHANGE(S) TO YOUR RECORDS TAKING EFFECT ON: EMPLOYEE NAME Troy Shumate DATE HR CHANGED **EMPLOYEE NUMBER** THE CHANGE(S): ✓ All Applicable Boxes FROM TO ☐ DEPARTMENT NUMBER 43700 ☐ JOB TITLE Building Maint. Custodian II ☐ GRADE # 05 ☐ ANNUAL RATE \$12.00 ☐ HOURLY RATE \$24,960.00 ☐ CLASS (Exempt, Non-Exemp ☐ STATUS (FT, PT) ☐ SHIFT TIME 2:30pm-11:00pm M-F Sun-Thurs. THE REASON FOR THE ■ HIRED ☐ PROBATIONARY PERIOD COMPLETED □ RE-HIRED ☐ LENGTH OF SERVICE INCREASE ☐ RE-EVALUATION OF EXISTING JOB ☐ PROMOTION ☐ DEMOTION ☐ RESIGNATION ☐ TRANSFER FROM □ RETIREMENT ☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT ☐ TEMP. SERVICE COMPLETED □ DISCHARGE ☐ LEAVE OF ABSENCE FROM (DATE) (DATE) ☐ OTHER (Explain) AUTHORIZATION: MANAGER APPROVED BY TOWN MANAGER EMPLOYEE ACKNOWLEDGEMENT

In In

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 & Tay Shundh

Date 4-25-2027

G 2380 2442

VA /2/3/26

T I	TO: PAYROLL DEPARTME PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	G CHANGE(S) F 124 122	EFFECTIVE DATE 5/31/23
1	TO YOUR RECORDS TAKING EF	0/0 // LU	
1	EMPLOYEE NAME Tyler Si	ckles	
	EMPLOYEE NUMBER	DATE HR CHANGED	
	1727		
	THE CHANGE(S):		770
-	✓ All Applicable Boxes	FROM	ТО
3	DEPARTMENT NUMBER	71350	
-	■ JOB TITLE	Assistant Swim Coach	
	GRADE		
<u></u>	☐ ANNUAL RATE	48.20	
	■ HOURLY RATE  □ CLASS (Exempt, Non-Exempt)	16.30	
	STATUS (FT, PT)	PT	
	SHIFT TIME	Varies	
L_	E SHILL LIME	Agrico	
-	THE REASON FOR THE CH		
	HIRED	☐ PROBATION/	ARY PERIOD COMPLETED
1	□ RE-HIRED	☐ LENGTH OF S	SERVICE INCREASE
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	☐ TRANSFER FROM	☐ RETIREMENT	
- 1	☐ MERIT INCREASE		GNMENT ADJUSTMENT
	TEMP. SERVICE COMPL	LETED DISCHARGE	
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	COTUED (Evalois)		(DAIL)
	☐ OTHER (Explain)		
L.			
	AUTHORIZATION:		
r	RECOMMENDED BY DEPARTN	AENT HEAD	DATE
- 1	KECOMMENDED BY DEFINITION	TENTEND	'
	1-1-		6.1.23
wind	APPROVED BY HUMAN RESOL	JRCES MANAGER Queeler	DATE
ogi Sharty	general Stylenter		6/2/23
1	APPROVED BY TOWN MANAC	ER	DATE
	A 12-13		G/2/2023
	R- F-		4/2/0065
	EMPLOYEE ACKNOWLE	DGEMENT	
	I have received a copy of the my hourly/yearly salary is as		nange Form and understand that
			Date 6/13/2023
		E &	741 12.53

TO: PAYROLL DEPARTMEN				
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE		
TO YOUR RECORDS TAKING EFFECT ON:		1-23-2023		
EMPLOYEE NAME Brendar	Soulevrette			
EMPLOYEE NUMBER	DATE HR CHANGED			
1406				
1400				
THE CHANGE(S):				
✓ All Applicable Boxes	FROM	TO		
■ DEPARTMENT NUMBER		44200		
■ JOB TITLE		Facility Services Assistant		
□ GRADE				
☐ ANNUAL RATE				
■ HOURLY RATE	100	\$15.00		
CLASS (Exempt, Non-Exempt)		DT.		
STATUS (FT, PT)		PT Varies		
■ SHIFT TIME		valles		
THE REASON FOR THE CH	ANGE(S):	COLUMN TO THE PARTY OF THE PART		
■ HIRED	☐ PROBATION	ARY PERIOD COMPLETED		
☐ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE		
☐ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB		
DEMOTION	□ RESIGNATION	NC		
☐ TRANSFER FROM	☐ RETIREMEN	IT Į		
☐ MERIT INCREASE	— ☐ SALARY AL	IGNMENT ADJUSTMENT		
TEMP. SERVICE COMPL				
☐ LEAVE OF ABSENCE FR		UNTIL		
LEAVE OF ABBERCETS	(DATE)	(DATE)		
□ OTHER (Explain)				
A TIPLION 17 A TION.				
AUTHORIZATION:	AENT HEAD	DATE		
RECOMMENDED BY DEPARTM	IENT HEAD	1/19/2023		
Hora he Su	<del>1</del> /2	1111000		
APPROVED BY HUMAN RESOL	JRCES MANAGER	DATE /		
7.11.11.0				
1		DATE		
APPROVED BY TOWN MANAG	iER	DATE		
BEC		1/19/2023		
PATT				
EMPLOYEE ACKNOWLE	)GEMENT			
I have received a conv of the	Town of Wytheville Pav C	Change Form and understand that		
my hourly/yearly salary is as	indicated above	-		
Signature Brown So	allevoyte	Date 03/60/2028		

	IG CHANGE(S)	EFFECTIVE DATE 6/9/22
TO YOUR RECORDS TAKING EF	PECT ON.	J GIGILL
EMPLOYEE NAME Grant Sp	raker	0.00
EMPLOYEE NUMBER	DATE HR CHANGED	The state of the s
Malad		
		50005
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
E DEPARTMENT NUMBER		71360-1102
30B TITLE		Youth/Teen Rockwall Supv.
GRADE		
O ANNUAL RATE		
HOURLY RATE		\$11.23
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PŢ
□ SHIFT TIME		
THE DEAGON FOR THE ON	43105/0	
THE REASON FOR THE CH		
HIRED	☐ PROBATION	ARY PERIOD COMPLETED
□ RE-HIRED	☐ LENGTH OF	SERVICE INCREASE
□ PROMOTION	🗆 RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	
☐ TRANSFER FROM	☐ RETIREMEN	
☐ MERIT INCREASE		IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FR		
E LEAVE OF ABSENCE FR	(DATE)	UNTIL (DATE)
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AUTHORIZATION:		
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RECOMMENDED BY DEPARTM	IENT HEAD	DATE
RECOMMENDED BY DEPARTM	ENT HEAD	
UMPTO LIP		6-9-22
APPROVED BY HUMAN RESOU		6-9-22 DATE
UMPTO LIP		6-9-22 DATE
UMPTO LIP	PROPS MANAGER  FRENCE Digitally sig	6-9-22
APPROVEDBY HUMAN RESON	PROPS MANAGER  Bello  ER Brian  Digitally signers of Freeman	0-9-22 DATE 6/13/23
APPROVEDBY HUMAN RESON	PROPS MANAGER  HELLO  Digitally signed and presented the p	DATE    0-9-22
APPROVEDBY HUMAN RESON	ER Brian Digitally signed Freeman Date: 2022	DATE    0-9-22
APPROVEDBY HUMAN RESON	ER Brian Digitally signer Freeman Date: 2022 16:20:53 - 0	DATE    0-9-22
APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGEMPLOYEE ACKNOWLED	ER Brian Digitally signed Freeman Date: 2022 Date: 2023 Digitally signed Date: 2023 Date: 2023 Date: 2023 December Decem	0-9-22 DATE 6/13/23 DATE 04/00'
APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGEMPLOYEE ACKNOWLED	ER Brian Digitally signed Freeman Date: 2022 Date: 2023 Digitally signed Date: 2023 Date: 2023 Date: 2023 December Decem	0-9-22 DATE 6/13/23 DATE 04/00'
APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGE EMPLOYEE ACKNOWLED I have received a copy of the	ER Brian Freeman  Freeman  Digitally signed freeman Date: 2022 16:20:53 - 0  DGEMENT  Town of Wytheville Pay Ch	DATE    0-9-22
APPROVED BY HUMAN RESOLUTION APPROVED BY TOWN MANAGEMPLOYEE ACKNOWLED	ER Brian Freeman  Freeman  Digitally signed freeman Date: 2022 16:20:53 - 0  DGEMENT  Town of Wytheville Pay Ch	0-9-22 DATE 6/13/23 DATE 04/00'

VA-DL T63738838 exp. 4/14/2025

TO: PAYROLL DEPARTMEN	Т	
PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING FEE	CHANGE(S) 0/7/02	EFFECTIVE DATE 9/7/23
TO YOUR RECORDS TAKING EFFI	ECT ON: 9/1/23	9///23
EMPLOYEE NAME Lindsey Sv	veet	
EMPLOYEE NUMBER	DATE HR CHANGED	
1288		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
☐ JOB TITLE		
□ GRADE		
☐ ANNUAL RATE		
☐ HOURLY RATE		
CLASS (Exempt, Non-Exempt)		non-exempt
☐ STATUS (FT, PT)		PT
☐ SHIFT TIME		
THE REASON FOR THE CHA	NGE(S):	
□ HIRED	☐ PROBATIONA	ARY PERIOD COMPLETED
□ RE-HIRED	<del>-</del> <del>-</del>	SERVICE INCREASE
□ PROMOTION		FION OF EXISTING JOB
DEMOTION		
	☐ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMENT	
☐ MERIT INCREASE ☐ SALARY ALIGNMENT ADJUSTMENT		
☐ TEMP. SERVICE COMPLE	TED □ DISCHARGE	
☐ LEAVE OF ABSENCE FRO	M	_UNTIL
□ LEAVE OF ABSENCE FROM UNTIL (DATE)  (DATE) (DATE)  □ OTHER (Explain) TCode Fitness Instruction \$15 per hour -71290 TCode Atheletic Asst. \$15 per hour -71330		
		<u> </u>
AUTHORIZATION:		
RECOMMENDED BY DEPARTMEN	NT HEAD	DATE
- Ch		9-7-23
APPROVED BY HUMAN RESOURCE	CES REPRESENTATIVE	DATE
Revious Melucia 1	1 Carts	9/8/23
APPROVED BY TOWN MANAGER	31: CE:	DATE
Brtr		9/8/23 DATE 9/11/2023
EMPLOYEE ACKNOWLEDG	EMENT	
I have received a copy of the To		ange Form and understand that
my hourly/yearly salary is as inc	incated above.	
Signature		Date



TO: PAYROLL DEPARTME	ENT	
PLEASE ENTER THE FOLLOWING CHANGE(S)		EFFECTIVE DATE 9/25/2022
TO YOUR RECORDS TAKING FE	FECT ON:	9/25/2022
EMPLOYEE NAME Tasha	Thomas	
1 45114	momas	
EMPLOYEE NUMBER 1484	DATE HR CHANGED	11:1 1:1 01-1
1404		Will reflect on 9/30/
THE CHANGE(S):		
√ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER		43700
JOB TITLE		Custodian III Shre
GRADE		05 Sime
■ ANNUAL RATE	\$24,585.60	\$26,000.00
■ HOURLY RATE	\$11,82	\$12.50
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH	(ANGE(S):	
☐ HIRED		A DV BEDIOD COMPLETED
⊐ RE-HIRED		ARY PERIOD COMPLETED
		SERVICE INCREASE
☐ PROMOTION	□ RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	□ RESIGNATIO	ON
☐ TRANSFER FROM	☐ RETIREMEN	TT
☐ MERIT INCREASE	■ SALARY AL	IGNMENT ADJUSTMENT
TEMP. SERVICE COMPL		
$\Box$ LEAVE OF ABSENCE FR		UNTIL
DELIVE OF RESERVED IN	(DATE)	ONTIL
OTHER (Explain)	(DATE)	(DATE)
_ OTTER (Explain)	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
10-, W		0 20 3 -
Chappe V my	N	9-12-2022
APPROVED BY HUMAN RESOU	RGES MANAGER	DATE
Chair 4 S	() 11	0/20/2020
The de	Telles	4/22/2002
APPROVED BY TOWN MANAG	ER	DATE //
R_ II	_	a/77/717
DC-T/		1100,000
EMPLOYEE ACKNOWLED	GEMENT	
have received a copy of the	Γown of Wytheville Pay Ch	nange Form and understand that
my hourly/yearly salary is,as i	ndicated above	
1 10 1//		, ,
Signature of Man The	Me	Date 9/26/22
31911AUTE: 7/1 /W/W/	- <del></del>	110te 7 / 1/- / c/c4

TO: PAYROLL DEPARTME	ENT	
PLEASE ENTER THE FOLLOWIN	IG CHANGE(S)	EFFECTIVE DATE
TO YOUR RECORDS TAKING EF		7/1/2022
EMPLOYEE NAME WILLIA		IINS, IV
EMPLOYEE NUMBER 1436	DATE HR CHANGED	
		11 March 12
THE CHANGE(S):		57-4-58
✓ All Applicable Boxes	FROM	ТО
☐ DEPARTMENT NUMBER		
■ JOB TITLE	WWTP OPERATOR IV	WWTP OPERATOR III
<b>■</b> GRADE	08	09
■ ANNUAL RATE	\$30,128.50	\$37,440,00
☐ HOURLY RATE		
☐ CLASS (Exempt, Non-Exempt)		
☐ STATUS (FT, PT)		
☐ SHIFT TIME		
THE REASON FOR THE CH		ADV DEDICE COLUDI ETTE
HIRED		ARY PERIOD COMPLETED
□ RE-HIRED	— — — — — — — — — — — — — — — — — — —	SERVICE INCREASE
■ PROMOTION	☐ RE-EVALUA	TION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATIO	N
☐ TRANSFER FROM	☐ RETIREMEN	T
☐ MERIT INCREASE	— □ SALARY AL	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL		
☐ LEAVE OF ABSENCE FF		UNTIL
	(DATE)	(DATE)
OTHER (Explain) BILLY SU	ICCESSFULLY PASSED THE VA	BOARD WASTEWATER WORKS
OPERATOR CLASS III EXAM.		
<u> </u>		
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	IENT HEAD	DATE
A E M	//	
O. On Hall		6/30/2022
APPROVED BY HUMAN RESOL	IRCES MANAGER	DATE
S		- 1/100/2022
my 1.0	hiller	6/30/2022
APPROVED BY TOWN MANAG	ER	DATE
RI		6/30/2022 DATE 6/30/2022 DATE 6/30/2022
	-138734	01
EMPLOYEE ACKNOWLED	OGEMENT	
71 7.1 6.1	Tarre of Westlandla Day Cla	ange Form and understand that
		ange Form and understand that
my hourly/yearly salary is as		
Signature Bill Timm	~	Date 7/5/2022
Signature PMA Umms		Date /

TO: PAYROLL DEPARTME	ENT	
PLEASE ENTER THE FOLLOWIN TO YOUR RECORDS TAKING EF	IG CHANGE(S) 08/08/23	EFFECTIVE DATE 08/08/23
TO YOUR RECORDS TAKING EF	FECT ON: UO/UU/23	00/00/23
EMPLOYEE NAME Andy U	ff	
EMPLOYEE NUMBER		
1429	DATE HR CHANGED	
1121		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT NUMBER	FROM	10
■ JOB TITLE	Battalion Chief	Firefighter/Paramedic
■ GRADE	Dattaion Offici	rileligitterrarametic
ANNUAL RATE	\$65,000	
HOURLY RATE		\$23/hour
☐ CLASS (Exempt, Non-Exempt)		\\ \psi \( \text{20110df} \)
■ STATUS (FT, PT)	Full Time	Part-time
☐ SHIFT TIME		
THE REASON FOR THE CH	ANGE(S):	
□ HIRED		RY PERIOD COMPLETED
□ RE-HIRED		
		ERVICE INCREASE
□ PROMOTION		ION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION	l .
☐ TRANSFER FROM	$\_\_\_$ $\Box$ RETIREMENT	
☐ MERIT INCREASE		NMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	ETED DISCHARGE	
☐ LEAVE OF ABSENCE FR	OM	UNTIL
_	(DATE)	(DATE)
■ OTHER (Explain) Leaving / r	esigning full time position and stepp	ing down to part-time position.
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
	_	DATE
distace 5, chio	₽	07/24/23
APPROVED BY HUMAN RESOU	RCES REPRESENTATIVE	DATE
Joutt of upun boy		DATE 7/25/23
0 000		1/20/29
APPROVED BY TOWN MANAGE	ER	DATE
B-F		7/25/202
DC 1-		1165/202
EMPLOYEE ACKNOWLED	GEMENT	
••		
I have received a copy of the	Town of Wytheville Pay Char	nge Form and understand that
my hourly/yearly salary is as i	ndicated above.	
1.	1.4	
Signature	M	Date 7/24/2023

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TO: PAYROLL DEPARTME	INT	
PLEASE ENTER THE FOLLOWIN	G CHANGE(S)	EFFECTIVEDATE
I I I I V V V I I D D C C O D D C T A V D V C D D		08/30/22 Dol
EMPLOYEE NAME Adam Wa	-1	
Adam vva	atson	
I EMPLOYEE NUMBER	DATE UD CHANCED	
1672		- CHARLES
<b>TITE COLUMN</b>		
THE CHANGE(S):		
✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER		71370
■ JOB TITLE		Asst. Recreation Supervisor-Fitness
□ GRADE		
☐ ANNUAL RATE		
HOURLY RATE		\$11.00
CLASS (Exempt, Non-Exempt)		Non-Exempt
STATUS (FT, PT)		PT
☐ SHIFT TIME		
_		
THE REASON FOR THE CH.	ANGE(S):	
☐ HIRED		RY PERIOD COMPLETED
□ RE-HIRED		EDVICE DIODE LOS
□ PROMOTION		ERVICE INCREASE
□ DEMOTION		TON OF EXISTING JOB
	☐ RESIGNATIO	
☐ TRANSFER FROM	□ RETIREMENT	
☐ MERIT INCREASE	☐ SALARY ALIC	GNMENT ADJUSTMENT
│ □ TEMP. SERVICE COMPLI	ETED DISCHARGE	
☐ LEAVE OF ABSENCE FR	OM	UNTIL
	(DATE)	(DATE)
☐ OTHER (Explain)		(51115)
AUTHORIZATION:		
RECOMMENDED BY DEPARTME		
RECOMMENDED BY DEPARIME	SNI HEAD	DATE
12-1-		
APPROVED BY HUMAN DESCUE	OCES MANA CED	8-23-22
APPROVED BY HUMAN RESOUR	RCES MANAGER	
APPROVED BY HUMAN RESOUR	RCES MANAGER	8-23-22
Shei Z	RCES MANAGER  Attor	8-23-22
APPROVED BY TOWN MANAGE	RCES MANAGER R HTG	9-23-22 DATE 8/24/22 DATE
Shei Z	RCES MANAGER	8-23-22
APPROVED BY TOWN MANAGE	RCES MANAGER  RELEGIO	9-23-22 DATE 8/24/22 DATE
APPROVED BY TOWN MANAGE	Letto	9-23-22 DATE 8/24/22 DATE
APPROVED BY TOWN MANAGE  EMPLOYEE ACKNOWLEDG	EMENT	8-23-22 DATE 8/24/22 DATE 8/24/2022
EMPLOYEE ACKNOWLEDG	GEMENT  own of Wytheville Pay Char	8-23-22 DATE 8/24/22 DATE 8/24/2022
APPROVED BY TOWN MANAGE	GEMENT  own of Wytheville Pay Char	8-23-22 DATE 8/24/22 DATE 8/24/2022
EMPLOYEE ACKNOWLEDO  I have received a copy of the Tomy hourly/yearly salary is as in	GEMENT own of Wytheville Pay Chardicated above.	DATE 8/24/22 DATE 8/24/22 DATE 8/24/22 1ge Form and understand that
EMPLOYEE ACKNOWLEDGE  I have received a copy of the Telephone Tele	GEMENT own of Wytheville Pay Chardicated above.	9-23-22 DATE 8/24/22 DATE 8/24/2022



TO: PAYROLL DEPARTME	NT	
PLEASE ENTER THE FOLLOWING TO YOUR RECORDS TAKING EF	G CHANGE(S) E 12/22	EFFECTIVE DATE 5/3/22
EMPLOYEE NAME	FECT ON: O/O/EE	O, O, ZZ
EMPLOYEE NAME Mikayla	Wells	
EMPLOYEE NUMBER 1654	DATE HR CHANGED	DoH 5/29/22
1001		101/00
THE CHANGE(S):		<u> </u>
✓ All Applicable Boxes	FROM	TO
■ DEPARTMENT NUMBER		71350
■ JOB TITLE		Lifeguard
GRADE		
☐ ANNUAL RATE		
HOURLY RATE		11.00
CLASS (Exempt, Non-Exempt)		
STATUS (FT, PT)		PT
☐ SHIFT TIME		varies
THE REASON FOR THE CH	ANGE(S):	
■ HIRED		ARY PERIOD COMPLETED
□ RE-HIRED		SERVICE INCREASE
1		<del>-</del>
☐ PROMOTION		TION OF EXISTING JOB
☐ DEMOTION	RESIGNATION	
☐ TRANSFER FROM	🗆 RETIREMEN	T
☐ MERIT INCREASE	□ SALARY ALI	IGNMENT ADJUSTMENT
☐ TEMP. SERVICE COMPL	ETED DISCHARGE	
☐ LEAVE OF ABSENCE FR		UNTIL
DELIVE OF TROBETOETR	(DATE)	(DATE)
OTHER (Explain)	,	***************************************
Company (Company)		A
AUTHORIZATION:		
RECOMMENDED BY DEPARTM	ENT HEAD	DATE
Mudalin		12 130
MOUNT		5-4-22
APPROVED BY HUMAN RESOU	RCESMANAGER	DATE
1 / /	State of the state	Eliplas
0//m / C	Mercos	3/10/22
APPROVED BY TOWN MANAGE	ER	5/10/22 5/16/2022
Brown		5/1/12027
	_	1 1/16/2000
EMPLOYEE ACKNOWLED	GEMENT	
I have received a convention	Forum of Wuthavilla Day Ch	ange Form and understand that
1	*	nange Form and understand that
my hourly/yearly salary is as i	naicated above.	
144 0 14		
Signature Mayla W	lelle	Date 05/20/22