

Jefferson County Government
Personnel Requisition
Attn: Finance Dept

Employee Name: _____
Effective Date: _____
Position: _____
New Hire <input type="checkbox"/> Promotion/Adjustment <input type="checkbox"/> Transfer <input type="checkbox"/>
Budgeted Yes <input type="checkbox"/> No <input type="checkbox"/>
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Dept. Name _____ Dept. Number: _____
New Position: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Replacing: _____
Previous position (if change in assignment): _____
Non-Exempt (Hourly) Yes <input type="checkbox"/> No <input type="checkbox"/> if yes indicate hourly rate \$ _____
Exempt (Salary) Yes <input type="checkbox"/> No <input type="checkbox"/> if yes indicate annual rate of pay \$ _____
Comments: _____

Hiring Department Manager

Date

County Mayor (if applicable)

Date

Finance Director

Date

Send this document to the Finance Department.

Incomplete forms will be returned.