

TO: MATAGORDA COUNTY HUMAN RESOURCES
 2200 7TH STREET STE. 203
 BAY CITY, TEXAS 77414
 (979) 241-0135

PAYROLL CHANGE NOTICE

New Hire Change Separation

EFFECTIVE DATE	03/19/2024
SOCIAL SECURITY NUMBER	
PAYROLL NO.	2928

LAST NAME Bannert	FIRST Faith	MIDDLE Marie
DEPARTMENT 512	DISTRIBUTION 1051040512	HIRE DATE 12/06/2023

COMPLETE THIS SECTION FOR NEW HIRES ONLY

Rehire Addition To Staff Replacement For

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ BIRTH DATE _____ SEX M F MARITAL STATUS S M W D # OF DEPENDENTS _____ RACIAL BACKGROUND _____

FLSA Non-Exempt Exempt STARTING RATE Hourly \$ _____ Monthly \$ _____ Will employee be driving county vehicle? YES NO

EMPLOYMENT STATUS Regular Full-Time Permanent Part-Time Seasonal Temporary (circle one)

JOB DESCRIPTION _____ CLASS NO. _____ LEVEL _____ STEP _____ EMERGENCY NAME AND PHONE # _____

COMPLETE THIS SECTION FOR CHANGES ONLY - EXPLAIN IN REMARKS, IF NECESSARY

CHECK ALL APPLICABLE BOXES	FROM	TO	CHECK ALL APPLICABLE BOXES	FROM	TO
<input type="checkbox"/> Position No.			<input type="checkbox"/> Med. Insur. Coverage		
<input type="checkbox"/> Pay Level/Step			<input type="checkbox"/> Marital Status		
<input type="checkbox"/> Pay			<input type="checkbox"/> Beneficiary		
<input type="checkbox"/> Department			<input type="checkbox"/> Employment Status		
<input type="checkbox"/> Vac. Accrual Rate			<input type="checkbox"/> Other _____		
<input type="checkbox"/> Payroll Deductions					
<input type="checkbox"/>			<input type="checkbox"/> Name, Address, Phone (Use Remarks Section)		

Remarks: _____

For Human Resources office use only

Unemployment Code _____

COMPLETE THIS SECTION FOR SEPARATIONS ONLY

HIRE DATE 12/06/2023	SEPARATION DATE 03/19/2024	LAST DAY WORKED 03/19/2024
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Resignation Discharge Layoff Retirement

Remarks: Accept another job.

Address change, if applicable: _____

EMPLOYEE SIGNATURE 	DATE 3-19-24	DEPT HEAD SIGNATURE 	DATE 3/19/24	HUMAN RESOURCES SIGNATURE	DATE
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SEPARATION NOTICE / EXIT REVIEW

NAME Faith Bannert		EFFECTIVE DATE 3-19-24
EMPLOYEE NO. 2928	POSITION 1807-Jailer	HIRE DATE 12-6-23
DEPARTMENT 512	STEP / GRADE	SUPERVISOR Capt. Carrillo
DATE NOTICE GIVEN 3-19-24	<input checked="" type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN	LAST DAY WORKED 3-19-24

TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> Resignation <input type="checkbox"/> Dismissal <input type="checkbox"/> Mutual Agreement <input type="checkbox"/> Transfer <input type="checkbox"/> Permanent Layoff <input type="checkbox"/> Retirement <input type="checkbox"/> Temporary Layoff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Personal <input type="checkbox"/> Lack of Work <input type="checkbox"/> Better Position <input type="checkbox"/> Working Conditions <input type="checkbox"/> Absenteeism/Lateness <input type="checkbox"/> Work Hours/Shift <input type="checkbox"/> Poor Productivity <input type="checkbox"/> Relocation <input checked="" type="checkbox"/> Other: Accept another <input type="checkbox"/> Conduct

EMPLOYEE COMMENTS
<i>none</i>
<i>[Signature]</i> 3-19-24 EMPLOYEE SIGNATURE:

EMPLOYER/SUPERVISOR COMMENTS

PERFORMANCE EVALUATION			
ITEM	OUTSTANDING	SATISFACTORY	UNSATISFACTORY
Quality of Work		✓	
Productivity		✓	
Attitude		✓	
Conduct		✓	
Attendance		✓	

Would you re-employ? Yes No With some reservation

<input type="checkbox"/> SEVERANCE PAY	AMOUNT DUE _____
<input type="checkbox"/> VACATION PAY	AMOUNT DUE _____
<input type="checkbox"/> COMPENSATORY TIME	AMOUNT DUE _____
<input type="checkbox"/> OTHER	AMOUNT DUE _____
<input type="checkbox"/> OTHER	AMOUNT DUE _____

DEPARTMENT HEAD SIGNATURE: <i>[Signature]</i>	DATE: 3/19/24
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