

**Meade County  
HR/Payroll Change Notice**

**Employee Name** \_\_\_\_\_ **Employee #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Title** \_\_\_\_\_ **Dept** \_\_\_\_\_

**Rate of Pay** \_\_\_\_\_ **EFFECTIVE DATE** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**PAY CHANGE**

**STATUS**

- 6-Month Probationary Increase
- Annual Performance Appraisal Increase
- Longevity Pay
- Promotion/Reclassification
- Other

- NEW HIRE
- Full-Time
- Part-Time
- Short-Term
- Intern
- Appointed Official
- Elected Official
- TRANSFER
- LEAVE OF ABSENCE

**TERMINATION**

- Voluntary
- Discharged
- Other

**SICK LEAVE BANK REQUEST**

- List dates, hours requested, and reason in comments section

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

HR Office: \_\_\_\_\_ Date: \_\_\_\_\_