

# Osage County Personnel Transaction Form

(This form must be turned in to the County Commission thru the County Clerk's office for Approval **prior** to New Hire and if changes in employee status prior to end of the month payroll)

EMPLOYEE NAME \_\_\_\_\_ ACCT # \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

New Hire

Date of Hire \_\_\_\_\_ Salary Amount \_\_\_\_\_ Payroll Fund \_\_\_\_\_  
Position Title \_\_\_\_\_

Resignation Reason \_\_\_\_\_

Date of Resignation \_\_\_\_\_ Payout Amount \_\_\_\_\_ Monthly Salary \_\_\_\_\_  
Annual Leave \_\_\_\_\_ Comp Time \_\_\_\_\_

Termination Reason \_\_\_\_\_

Date of Termination \_\_\_\_\_ Payout Amount \_\_\_\_\_ Monthly Salary \_\_\_\_\_  
Annual Leave \_\_\_\_\_ Comp Time \_\_\_\_\_

Salary Increase Reason \_\_\_\_\_

From Salary Amount \_\_\_\_\_ To Salary Amount \_\_\_\_\_  
Hire Date \_\_\_\_\_ Type of Increase \_\_\_\_\_

Demotion Reason \_\_\_\_\_

From Salary Amount \_\_\_\_\_ To Salary Amount \_\_\_\_\_

Position Change  
Dept. From \_\_\_\_\_ Dept. To \_\_\_\_\_  
From Salary Amount \_\_\_\_\_ To Salary Amount \_\_\_\_\_  
Position Title \_\_\_\_\_

Employee Transfer  
Dept. From \_\_\_\_\_ Dept. To \_\_\_\_\_ Position Title \_\_\_\_\_  
From Salary Amount \_\_\_\_\_ To Salary Amount \_\_\_\_\_

DEPARTMENT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

COMMISSION APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_