

# 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 \_\_\_\_\_

New Hire

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

Resignation

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

Termination

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

Salary Increase

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

Demotion

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 \_\_\_\_\_