

# R I C E C O U N T Y

## P E R S O N N E L A P P O I N T M E N T & E M P L O Y E E S T A T U S C H A N G E F O R M

Requires Board Approval

Board Meeting Date: 09-12-2017

Employee Name: Abdullahi Ali

Effective Date: 09-18-2017

Salary Schedule: General Unit

Position: Public Health Office Support

Unit / Grade / Step: GU / 5 / B

Department: Public Health

Wage Rate: \$17.60

X Change(s)	From	To
<input checked="" type="checkbox"/> Department	_____	<u>Public Health</u>
<input checked="" type="checkbox"/> Employment Status	_____	<u>Regular, Full-time (40 hours/week)</u>
<input checked="" type="checkbox"/> Exempt Status	_____	<u>Non-Exempt</u>
<input checked="" type="checkbox"/> Assignment	_____	<u>Public Health Office Support</u>
<input checked="" type="checkbox"/> Position	_____	<u>Public Health Office Support</u>
<input checked="" type="checkbox"/> Unit/Grade/Step, Wage	_____	<u>General Unit / Grade 5 / Step B, \$17.60</u>
<input checked="" type="checkbox"/> Anniversary Date	_____	<u>September 18</u>
<input checked="" type="checkbox"/> Supervisor	_____	<u>Sara Coulter</u>
<input checked="" type="checkbox"/> Department Head	_____	<u>Deb Purfeerst</u>
<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Other:	_____	_____

### Reason for Change

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> New Hire  | <input type="checkbox"/> Step Increase           |
| <input type="checkbox"/> Re-Hire              | <input type="checkbox"/> COLA                    |
| <input type="checkbox"/> Temporary Assignment | <input type="checkbox"/> Initiate LOA            |
| <input type="checkbox"/> Interim Appointment  | <input type="checkbox"/> Return from LOA         |
| <input type="checkbox"/> Contract Change      | <input type="checkbox"/> Termination / Discharge |
| <input type="checkbox"/> Promotion            | <input type="checkbox"/> Resignation             |
| <input type="checkbox"/> Transfer             | <input type="checkbox"/> Layoff                  |
| <input type="checkbox"/> Reclassification     | <input type="checkbox"/> Retirement              |
| <input type="checkbox"/> Demotion             | <input type="checkbox"/> Other:                  |

### Explanation / Comments

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### Administrative Items

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|---------------------------------|---|---|
| <input type="checkbox"/> Letter | <input type="checkbox"/> Folder               | <input type="checkbox"/> Notify Payroll |
| <input type="checkbox"/> Union  | <input type="checkbox"/> Probation Evaluation |   |
| <input type="checkbox"/> Phone  | <input type="checkbox"/> Review Spreadsheet   |   |

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

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

HR Review: \_\_\_\_\_ Date: \_\_\_\_\_

**R I C E C O U N T Y**  
**P E R S O N N E L A P P O I N T M E N T &**  
**E M P L O Y E E S T A T U S C H A N G E F O R M**

Requires Board Approval

Board Meeting Date: 09-12-2017

Employee Name: Melissa Henning

Effective Date: 09-11-2017

Salary Schedule: Social Services

Position: Social Worker: Disability Services

Unit / Grade / Step: SS / Grade 11 / Step A

Department: Social Services

Wage Rate: \$25.16

X Change(s)	From	To
<input checked="" type="checkbox"/> Department	_____	<u>Social Services</u>
<input checked="" type="checkbox"/> Employment Status	_____	<u>Regular, Full-time (40 hours per week)</u>
<input checked="" type="checkbox"/> Exempt Status	_____	<u>Non-Exempt</u>
<input checked="" type="checkbox"/> Assignment	_____	<u>Social Worker: Disability Services</u>
<input checked="" type="checkbox"/> Position	_____	<u>Social Worker</u>
<input checked="" type="checkbox"/> Unit/Grade/Step, Wage	_____	<u>SS / 11 / A, \$25.16</u>
<input checked="" type="checkbox"/> Anniversary Date	_____	<u>September 11</u>
<input checked="" type="checkbox"/> Supervisor	_____	<u>Mark Hedenstrom</u>
<input checked="" type="checkbox"/> Department Head	_____	<u>Mark Shaw</u>
<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Other:	_____	_____

**Reason for Change**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> New Hire  | <input type="checkbox"/> Step Increase           |
| <input type="checkbox"/> Re-Hire              | <input type="checkbox"/> COLA                    |
| <input type="checkbox"/> Temporary Assignment | <input type="checkbox"/> Initiate LOA            |
| <input type="checkbox"/> Interim Appointment  | <input type="checkbox"/> Return from LOA         |
| <input type="checkbox"/> Contract Change      | <input type="checkbox"/> Termination / Discharge |
| <input type="checkbox"/> Promotion            | <input type="checkbox"/> Resignation             |
| <input type="checkbox"/> Transfer             | <input type="checkbox"/> Layoff                  |
| <input type="checkbox"/> Reclassification     | <input type="checkbox"/> Retirement              |
| <input type="checkbox"/> Demotion             | <input type="checkbox"/> Other:                  |

**Explanation / Comments**

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**Administrative Items**

- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> Union | <input type="checkbox"/> Folder               | <input type="checkbox"/> Notify Payroll |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Probation Evaluation |   |
|                                | <input type="checkbox"/> Review Spreadsheet   |   |

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

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

HR Review: \_\_\_\_\_ Date: \_\_\_\_\_

**R I C E C O U N T Y**  
**P E R S O N N E L A P P O I N T M E N T &**  
**E M P L O Y E E S T A T U S C H A N G E F O R M**

Requires Board Approval

Board Meeting Date: 09-12-2017

Employee Name: Kirsten Holmseth

Effective Date: 09-11-2017

Salary Schedule: Social Services

Position: Social Worker: CAC/CADI/TBI

Unit / Grade / Step: SS / Grade 11 / Step C

Department: Social Services

Wage Rate: \$27.67

X Change(s)	From	To
<input checked="" type="checkbox"/> Department	_____	<u>Social Services</u>
<input checked="" type="checkbox"/> Employment Status	_____	<u>Regular, Full-time (40 hours per week)</u>
<input checked="" type="checkbox"/> Exempt Status	_____	<u>Non-Exempt</u>
<input checked="" type="checkbox"/> Assignment	_____	<u>Social Worker: CAC/CADI/TBI</u>
<input checked="" type="checkbox"/> Position	_____	<u>Social Worker</u>
<input checked="" type="checkbox"/> Unit/Grade/Step, Wage	_____	<u>SS / 11 / C, \$27.67</u>
<input checked="" type="checkbox"/> Anniversary Date	_____	<u>September 11</u>
<input checked="" type="checkbox"/> Supervisor	_____	<u>Mark Hedenstrom</u>
<input checked="" type="checkbox"/> Department Head	_____	<u>Mark Shaw</u>
<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Other:	_____	_____

**Reason for Change**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> New Hire  | <input type="checkbox"/> Step Increase           |
| <input type="checkbox"/> Re-Hire              | <input type="checkbox"/> COLA                    |
| <input type="checkbox"/> Temporary Assignment | <input type="checkbox"/> Initiate LOA            |
| <input type="checkbox"/> Interim Appointment  | <input type="checkbox"/> Return from LOA         |
| <input type="checkbox"/> Contract Change      | <input type="checkbox"/> Termination / Discharge |
| <input type="checkbox"/> Promotion            | <input type="checkbox"/> Resignation             |
| <input type="checkbox"/> Transfer             | <input type="checkbox"/> Layoff                  |
| <input type="checkbox"/> Reclassification     | <input type="checkbox"/> Retirement              |
| <input type="checkbox"/> Demotion             | <input type="checkbox"/> Other:                  |

**Explanation / Comments**

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**Administrative Items**

- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> Union | <input type="checkbox"/> Folder               | <input type="checkbox"/> Notify Payroll |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Probation Evaluation |   |
|                                | <input type="checkbox"/> Review Spreadsheet   |   |

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

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

HR Review: \_\_\_\_\_ Date: \_\_\_\_\_

# R I C E C O U N T Y

## P E R S O N N E L A P P O I N T M E N T & E M P L O Y E E S T A T U S C H A N G E F O R M

Requires Board Approval

Board Meeting Date: 09-12-2017

Employee Name: Annette Peters

Effective Date: 09-12-2017

Salary Schedule: Non-Union

Position: Property Tax & Election Director

Unit / Grade / Step: NU / Grade 18 / Step B

Department: Auditor/Treasurer

Wage Rate: \$ 41.83

	From	To
<input checked="" type="checkbox"/> Change(s)		
<input type="checkbox"/> Department		
<input type="checkbox"/> Employment Status		
<input type="checkbox"/> Exempt Status		
<input checked="" type="checkbox"/> Assignment		Property Tax & Elections Director
<input checked="" type="checkbox"/> Position		Property Tax & Elections Director
<input checked="" type="checkbox"/> Unit/Grade/Step, Wage		NU / Grade 18 / Step B, \$41.83
<input checked="" type="checkbox"/> Anniversary Date		September 12
<input type="checkbox"/> Supervisor		
<input type="checkbox"/> Department Head		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

### Reason for Change

- |  |  |
|--|--|
| <input type="checkbox"/> New Hire                    | <input type="checkbox"/> Step Increase           |
| <input type="checkbox"/> Re-Hire                     | <input type="checkbox"/> COLA                    |
| <input type="checkbox"/> Temporary Assignment        | <input type="checkbox"/> Initiate LOA            |
| <input type="checkbox"/> Interim Appointment         | <input type="checkbox"/> Return from LOA         |
| <input type="checkbox"/> Contract Change             | <input type="checkbox"/> Termination / Discharge |
| <input type="checkbox"/> Promotion                   | <input type="checkbox"/> Resignation             |
| <input type="checkbox"/> Transfer                    | <input type="checkbox"/> Layoff                  |
| <input checked="" type="checkbox"/> Reclassification | <input type="checkbox"/> Retirement              |
| <input type="checkbox"/> Demotion                    | <input type="checkbox"/> Other:                  |

### Explanation / Comments

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### Administrative Items

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|---------------------------------|---|---|
| <input type="checkbox"/> Letter | <input type="checkbox"/> Folder               | <input type="checkbox"/> Notify Payroll |
| <input type="checkbox"/> Union  | <input type="checkbox"/> Probation Evaluation |   |
| <input type="checkbox"/> Phone  | <input type="checkbox"/> Review Spreadsheet   |   |

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

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

HR Review: \_\_\_\_\_ Date: \_\_\_\_\_

# R I C E C O U N T Y

## P E R S O N N E L A P P O I N T M E N T & E M P L O Y E E S T A T U S C H A N G E F O R M

Requires Board Approval  
 Board Meeting Date: 09-12-2017 Employee Name: Jody Wagner

Effective Date: 09-12-2017 Salary Schedule: General Unit

Position: Property Tax & Elections Assistant Director Unit / Grade / Step: GU / Grade 13 / Step B

Department: Auditor/Treasurer Wage Rate: \$30.24

X Change(s)	From	To
<input type="checkbox"/> Department	_____	_____
<input type="checkbox"/> Employment Status	_____	_____
<input type="checkbox"/> Exempt Status	_____	_____
<input checked="" type="checkbox"/> Assignment	_____	<u>Property Tax &amp; Elections Assistant Director</u>
<input checked="" type="checkbox"/> Position	_____	<u>Property Tax &amp; Elections Assistant Director</u>
<input checked="" type="checkbox"/> Unit/Grade/Step, Wage	_____	<u>GU / Grade 13 / Step B, \$30.24</u>
<input checked="" type="checkbox"/> Anniversary Date	_____	<u>September 12</u>
<input type="checkbox"/> Supervisor	_____	_____
<input type="checkbox"/> Department Head	_____	_____
<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Other:	_____	_____

### Reason for Change

- |  |  |
|--|--|
| <input type="checkbox"/> New Hire                    | <input type="checkbox"/> Step Increase           |
| <input type="checkbox"/> Re-Hire                     | <input type="checkbox"/> COLA                    |
| <input type="checkbox"/> Temporary Assignment        | <input type="checkbox"/> Initiate LOA            |
| <input type="checkbox"/> Interim Appointment         | <input type="checkbox"/> Return from LOA         |
| <input type="checkbox"/> Contract Change             | <input type="checkbox"/> Termination / Discharge |
| <input type="checkbox"/> Promotion                   | <input type="checkbox"/> Resignation             |
| <input type="checkbox"/> Transfer                    | <input type="checkbox"/> Layoff                  |
| <input checked="" type="checkbox"/> Reclassification | <input type="checkbox"/> Retirement              |
| <input type="checkbox"/> Demotion                    | <input type="checkbox"/> Other:                  |

### Explanation / Comments

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### Administrative Items

- |                                 |   |   |
|---------------------------------|---|---|
| <input type="checkbox"/> Letter | <input type="checkbox"/> Folder               | <input type="checkbox"/> Notify Payroll |
| <input type="checkbox"/> Union  | <input type="checkbox"/> Probation Evaluation |   |
| <input type="checkbox"/> Phone  | <input type="checkbox"/> Review Spreadsheet   |   |

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

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

HR Review: \_\_\_\_\_ Date: \_\_\_\_\_

# R I C E C O U N T Y

## P E R S O N N E L A P P O I N T M E N T & E M P L O Y E E S T A T U S C H A N G E F O R M

Requires Board Approval

Board Meeting Date: 09-12-2017

Employee Name: Benji Young

Effective Date: 09-11-2017

Salary Schedule: Correctional Officer

Position: Correctional Officer

Unit / Grade / Step: CO / 8 / A

Department: Sheriff's Office/Jail

Wage Rate: \$20.54

X Change(s)	From	To
<input checked="" type="checkbox"/> Department	_____	<u>Sheriff's Office/Jail</u>
<input checked="" type="checkbox"/> Employment Status	_____	<u>Regular, Full-time (40 hours/week)</u>
<input checked="" type="checkbox"/> Exempt Status	_____	<u>Non-Exempt</u>
<input checked="" type="checkbox"/> Assignment	_____	<u>Correctional Officer</u>
<input checked="" type="checkbox"/> Position	_____	<u>Correctional Officer</u>
<input checked="" type="checkbox"/> Unit/Grade/Step, Wage	_____	<u>CO / 8 / A, \$20.54</u>
<input checked="" type="checkbox"/> Anniversary Date	_____	<u>September 11</u>
<input checked="" type="checkbox"/> Supervisor	_____	<u>Jake Marinenko</u>
<input checked="" type="checkbox"/> Department Head	_____	<u>Troy Dunn</u>
<input type="checkbox"/> Other:	_____	_____
<input type="checkbox"/> Other:	_____	_____

### Reason for Change

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> New Hire  | <input type="checkbox"/> Step Increase           |
| <input type="checkbox"/> Re-Hire              | <input type="checkbox"/> COLA                    |
| <input type="checkbox"/> Temporary Assignment | <input type="checkbox"/> Initiate LOA            |
| <input type="checkbox"/> Interim Appointment  | <input type="checkbox"/> Return from LOA         |
| <input type="checkbox"/> Contract Change      | <input type="checkbox"/> Termination / Discharge |
| <input type="checkbox"/> Promotion            | <input type="checkbox"/> Resignation             |
| <input type="checkbox"/> Transfer             | <input type="checkbox"/> Layoff                  |
| <input type="checkbox"/> Reclassification     | <input type="checkbox"/> Retirement              |
| <input type="checkbox"/> Demotion             | <input type="checkbox"/> Other:                  |

### Explanation / Comments

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### Administrative Items

- |                                 |   |   |
|---------------------------------|---|---|
| <input type="checkbox"/> Letter | <input type="checkbox"/> Folder               | <input type="checkbox"/> Notify Payroll |
| <input type="checkbox"/> Union  | <input type="checkbox"/> Probation Evaluation |   |
| <input type="checkbox"/> Phone  | <input type="checkbox"/> Review Spreadsheet   |   |

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

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

HR Review: \_\_\_\_\_ Date: \_\_\_\_\_

# R I C E C O U N T Y

## P E R S O N N E L A P P O I N T M E N T & E M P L O Y E E S T A T U S C H A N G E F O R M

Requires Board Approval

Board Meeting Date: 09-12-2017

Employee Name: Wes Ohnstad

Effective Date: 08-15-2017

Salary Schedule: NA

Position: On-call Transport Officer &  
Water Patrol Deputy

Unit / Grade / Step: NA

Department: Sheriff's Office

Wage Rate: \$18.00

X	Change(s)	From	To
<input type="checkbox"/>	Department	_____	_____
<input checked="" type="checkbox"/>	Employment Status	_____	Temporary, Part-Time
<input type="checkbox"/>	Exempt Status	_____	_____
<input checked="" type="checkbox"/>	Assignment	_____	On-Call Transport Officer
<input checked="" type="checkbox"/>	Position	_____	On-Call Transport Officer
<input checked="" type="checkbox"/>	Unit/Grade/Step, Wage	_____	\$18.00
<input type="checkbox"/>	Anniversary Date	_____	_____
<input type="checkbox"/>	Supervisor	_____	_____
<input type="checkbox"/>	Department Head	_____	_____
<input type="checkbox"/>	Other:	_____	_____
<input type="checkbox"/>	Other:	_____	_____

### Reason for Change

- |  |  |
|--|--|
| <input type="checkbox"/> New Hire                        | <input type="checkbox"/> Step Increase           |
| <input type="checkbox"/> Re-Hire                         | <input type="checkbox"/> COLA                    |
| <input checked="" type="checkbox"/> Temporary Assignment | <input type="checkbox"/> Initiate LOA            |
| <input type="checkbox"/> Interim Appointment             | <input type="checkbox"/> Return from LOA         |
| <input type="checkbox"/> Contract Change                 | <input type="checkbox"/> Termination / Discharge |
| <input type="checkbox"/> Promotion                       | <input type="checkbox"/> Resignation             |
| <input type="checkbox"/> Transfer                        | <input type="checkbox"/> Layoff                  |
| <input type="checkbox"/> Reclassification                | <input type="checkbox"/> Retirement              |
| <input type="checkbox"/> Demotion                        | <input type="checkbox"/> Other:                  |

### Explanation / Comments

\* Seasonal Water Patrol Deputy position duties which will end September 2017 are in addition to On-call Transport Officer duties that begin.

### Administrative Items

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|---------------------------------|---|---|
| <input type="checkbox"/> Letter | <input type="checkbox"/> Folder               | <input type="checkbox"/> Notify Payroll |
| <input type="checkbox"/> Union  | <input type="checkbox"/> Probation Evaluation |   |
| <input type="checkbox"/> Phone  | <input type="checkbox"/> Review Spreadsheet   |   |

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

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

HR Review: \_\_\_\_\_ Date: \_\_\_\_\_