



< CLOSE

HOME RESOURCE

Employer

TB

Brown
ICM, Tech &
Reg. Bus.

Show Changes for:

all



Show as of

Position

Technology Center
Manager

Full Time Facility/Com

Home Department

Home Cost Number

FLSA

NAICS Workers' Comp
Club / Community Cer

EEOC Job Classification

Officer/Owner

Corporate

Business Unit

Benefits Eligibility Class

Home Department
Full Time Facility/Com

Home Cost Number

Change Reason
DBLOAD

	EFFECTIVE DATE	COMPENSATION...	RATE TYPE	AMOUNT	RATE 2	PAY FREQ...	STAN..	PERCENT CHA..	AMOUNT CHA..	ANNUAL AM...
(Current)	02/01/2015	PAY IN - Pay Incr...	Salary	1,615.39	20.19...	Biweekly		16.6667	6,000.02	42,000.14
(History)	07/01/2013	PROMO - Promo...	Salary	1,384.62		Biweekly	80.00	25.2166	7,249.84	36,000.12
	05/27/2012	PAY IN - Pay Incr...	Salary	1,105.78		Biweekly	80.00	11.6510	3,000.14	28,750.28
	07/01/2011	COST - Cost of L...	Salary	990.39		Biweekly	80.00	3.0004	750.10	25,750.14
	06/12/2011	PROMO - Promo...	Salary	961.54		Biweekly	80.00	20.1925	4,200.04	25,000.04
	01/09/2011	NH	Hourly	10.0000		Biweekly	80.00		20,800.00	20,800.00

Privacy Legal

Receipt @ Tech Center
PT \$10



APPLICATION FOR EMPLOYMENT RICHLAND COUNTY RECREATION COMMISSION

Human Resources Department
5819 Shakespeare Road
Columbia, SC 29223

Ph: 803-754-7275 . Fax: 803-786-2028 . Jobline Website: richlandcountyrecreation.com

DATE: 12 9 10

POSITION APPLIED FOR: T.C. Administrative Assistant

INSTRUCTIONS TO APPLICANT

Please type or print in ink all information except signature. Incomplete applications will not be accepted. Applications must have all sections completed and the form signed by the applicant. A separate application must be completed for each vacancy. A resume may be attached but must not be substituted for completing the application. All qualified applications will be referred to the department where the vacancy exists. The department head is responsible for the review and evaluation of applications and recommending the most qualified applicants to be selected for an interview. Applications will remain active until the vacancy is filled. If you wish to remain informed of positions available at the Richland County Recreation Commission, please visit our website at www.richlandcountyrecreation.com.

Thank you for your interest in the Richland County Recreation Commission.

PERSONAL DATA

NAME (Last, First, MI) <u>Brown, Tiffani L.</u>		
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: <u>[REDACTED]</u>		
MAILING ADDRESS: <u>3630 Ranch Rd. Apt. 5-5</u>		
CITY: <u>Columbia</u>	STATE: <u>SC</u>	ZIP CODE: <u>29204</u> COUNTY: <u>Richland</u>
HOME PHONE #: <u>803-708-3264</u>	CELL PHONE #: <u>803-201-3743</u>	Email: <u>[REDACTED]</u>
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
DO YOU HAVE RELATIVES EMPLOYED BY THE RICHLAND COUNTY RECREATION COMMISSION? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
IF YES, NAME(S) / RELATION: <u>James Brown III (father) James A. Brown (brother)</u>		
WHAT DEPARTMENT(S): <u>Director</u>		
DO YOU POSSESS A VALID S.C. DRIVERS LICENSE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NUMBER: <u>C11390744</u> EXP. DATE: _____		
HAVE YOU BEEN CONVICTED OR PLED NO CONTEST TO A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION (E.g. Parking Ticket)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
**IF YES: CHARGES: _____		
WHERE CONVICTED	DATE	DISPOSITION/STATUS

****NOTE:** Criminal Offenses include felonies, misdemeanors, and summary offenses. Examples include but are not limited to: driving under the influence of intoxicating beverages or drugs; fraudulent or bad checks, disturbing the peace; leaving the scene of an accident, robbery, etc. (omit minor vehicle violations and any offenses committed before your 17th birthday, which was ultimately adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar of employment in all cases. The nature, severity and date of the offenses in relation to the position for which you are applying are considered. Failure to accurately report offenses will be considered seriously by the Commission and grounds for disqualification from consideration and/or termination if employed.

EDUCATION

Starting with High School, provide **COMPLETE** information on all schools attended, including special courses or schools.

	School/Institution and Location	Major/Minor Subject Areas	Graduate	Degree/ Diploma
High School or Equivalent	W.J. Keenan	General Studies Diploma	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	diploma
College/University	Strayer Univ.	Accounting	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical School			Yes <input type="checkbox"/> No <input type="checkbox"/>	

SKILLS

DO YOU HAVE PERSONAL COMPUTER/SOFTWARE SKILLS?	<input checked="" type="radio"/> YES	NO
DO YOU HAVE WORD PROCESSING SKILLS? yes WPM: 34	<input checked="" type="radio"/> YES	NO
DO YOU HAVE DATA ENTRY SKILLS?	<input checked="" type="radio"/> YES	NO
SUPERVISORY EXPERIENCE/TRAINING?	YES	<input checked="" type="radio"/> NO
TECHNICAL EXPERIENCE/TRAINING?	YES	<input checked="" type="radio"/> NO
MILITARY EXPERIENCE/TRAINING?	YES	<input checked="" type="radio"/> NO

LIST ANY EQUIPMENT, SOFTWARE OR MACHINES, WITH WHICH YOU ARE PROFICIENT, RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:

Microsoft Word, Excel, Powerpoint, Office
 Fax, Telephone, Copier

LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS:			
PROFESSION/CRAFT:	CERTIFICATION OR LICENSE NUMBER:	DATE OF CERTIFICATION:	EXPIRATION DATE:

EMPLOYMENT DATA

TYPE OF EMPLOYMENT YOU WILL ACCEPT:	FULL-TIME <input checked="" type="checkbox"/>	PART-TIME <input checked="" type="checkbox"/>
WILL YOU ACCEPT A POSITION WITH VARYING SHIFTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		IF NO, LIST HOURS PREFERRED:
MINIMUM SALARY YOU WILL ACCEPT:	PER	EARLIEST DATE YOU COULD BEGIN WORK:

EMPLOYMENT RECORD

List ALL work history starting with your present or last position. List any self-employment, temporary, and military jobs. Account for ALL periods of unemployment. This section must be accurate and complete. If more space is needed, attach additional sheets in the same format, including your name and social security number on each sheet. **DO NOT SUBSTITUTE A RESUME FOR AN APPLICATION.**

1. Title of present or recent position Acct Services From Month 07 Year 09 To Month 07 Year 10
 Employer Randstad at Colonial Life Phone 803-798-7000
 Address Colonial Life Blvd. Columbia, SC 29210
 Supervisor's Name Lisa Evans Title Manager May we contact? yes
 Hours per week 40 Salary (weekly, monthly, annual) 25,000 Annually

Name on Employment Record if different from present name _____

Reason for Leaving temporary assignment

Duties balancing group payroll, data entry, obtain info from plan administrators

2. Title of position Customer Service Rep From Month 03 Year 08 To Month 05 Year 09
 Employer Venzon Wireless Phone _____
 Address Forest Drive Columbia, SC 29204
 Supervisor's Name Chester Warren Title CS Supervisor May we contact? yes
 Hours per week 40 Salary (weekly, monthly, annual) 28,000 Annually

Name on Employment Record if different from present name _____

Reason for Leaving Sick child

Duties Assisted customers with billing inquiries and calling plans.

EMPLOYMENT RECORD (continued)

3. Title of position Customer Service Rep From Month 01 Year 2006 To Month 02 Year 2008
 Employer SBC Aetna Phone _____
 Address 321 Dawson Rd. Cula SC 29223.
 Supervisor's Name Angie Link Title CS Manager May we contact? yes
 Hours per week 40 Salary (weekly, monthly, annual) 26,000 Annually
 Name on Employment Record if different from present name _____
 Reason for Leaving department phased out
 Duties Assisted providers as well as customers with health plan info.

4. Title of position _____ From Month _____ Year _____ To Month _____ Year _____
 Employer _____ Phone _____
 Address _____
 Supervisor's Name _____ Title _____ May we contact? _____
 Hours per week _____ Salary (weekly, monthly, annual) _____
 Name on Employment Record if different from present name _____
 Reason for Leaving _____
 Duties _____

PERSONAL REFERENCES

Give name, address and phone number of three personal references.

Name	Address	Phone Number
Iris Rosa	3455 Shortleaf Pl.	904-389-3770
Debra Brown	908 Cokesbury Dr. ^{Cula, SC} 29203	803-786-9307
Annie Young	Wille Luke St. ^{Cula, SC} 29203	803-754-2950

Have you ever been asked or forced to resign from any job? Yes _____ No _____
 If yes, what position and reason, please explain: _____

APPLICANT CERTIFICATION

1. I affirm and/or understand all statements on this form are true and accurate; and any misrepresentation or omission of facts may result in exclusion from further consideration and/or, if hired, termination or employment. If I have requested that my present employer not be contacted, I understand an offer of employment may be contingent upon information and verification of other former employers, prior to beginning work.
2. I agree to conform to the rules and regulations of the Richland County Recreation Commission. According to the State of South Carolina Law, I understand my employment with the Richland County Recreation Commission will be at-will.
3. I hereby consent to authorized representatives of the Richland County Recreation Commission contacting any of my former employers or education institutions that I have attended and any other person or organization they determine may have information concerning my past and present work. I understand this would include my official personnel files, attendance records, background information, evaluations, educational records, military service, law enforcement records and/or any personnel records deemed necessary. I also understand Richland County Recreation Commission may make inquiries of third parties such as credit bureaus. I further release organizations, educational entities, present and former employers, law enforcement organizations and all third parties from any and all claims, of whatever nature, that I may have, as a result of any inquiry or response to such inquiries, made in connection with my application for employment. I understand that any information obtained by Richland County Recreation Commission in the course of those contacts will be treated with strictest of confidence. However, I understand it is not possible to guarantee total confidentiality.
4. I understand and acknowledge that Richland County Recreation Commission requires all applicants who are tentatively selected for employment to submit to and pass a drug test, failure to take the test, failure to cooperate in taking the test, failure to follow test procedures, or testing positive for the use of illegal drugs or substances will result in disqualification from employment.

The drug test will be urinalysis and if the collector of the test sample believes that there is a reasonable possibility that I have or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender of the applicant may witness the collection.

Signature: Jyffani Brown

Date 12-9-10

The Richland County Recreation Commission is sensitive to the needs of qualified applicants and employees with disabilities. The Richland County Recreation Commission is also willing to make reasonable accommodations to assist such applicant and employee.

EEO STATEMENT

The Richland County Recreation Commission is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, military status, religion, sex, national origin, age, a legally defined disability to a qualified applicant or other status as protected by law.



RICHLAND COUNTY RECREATION COMMISSION

Human Resources Department

5819 Shakespeare Road

Columbia, SC 29223

Ph: 803-754-7275 . Fax: 803-786-2028 . Jobline Website: richlandcountyrecreation.com

Applications are accepted and applicants are considered for employment without regard to race, color, military status, religion, sex, national origin, age, a legally defined disability to a qualified applicant or other status as protected by law.



TERMS OF EMPLOYMENT

Name Tiffani L. Brown SSN [REDACTED]

Date of Employment or Change in Terms January 9, 2011

Position Technology Center Administrative Coordinator Full-Time Part-Time

In compliance with Section 41-10-30 of the South Carolina Code of Law, 1976, as amended, you are hereby notified of the terms of your employment:

1. **Method of Payment:** Wages \$ 10.00 per hour
 Salary \$ _____ per year

2. **Payday is bi-weekly. Day of payment is FRIDAY.** (Place of payment is facility where employed)

Time of payment is: 3:00 p.m. (Parks Division)

5:00 p.m. (All others)

Vacation: Full-time employees receive Annual Leave at a rate of 1 ¼ days per month to be used as vacation or personal time off. Part-time employees receive no annual leave.

4. **Sick Leave Policy:** Full-time employees receive 120 hours of sick leave during the calendar year (January 1 to December 31). Sick leave may be taken for personal illness or illness/death in the immediate family. Part-time and temporary employees receive no sick leave.

Verification: The use of sick leave shall be subject to verification. When there is reason to believe that sick leave is being abused, the supervisor may, before approving the use of sick leave require the certification of a physician or other acceptable documentation describing the disability and giving the inclusive dates.

Any employee taking (3) or more consecutive days of sick leave may be required to provide a written doctor's statement. If a written doctor's statement is required, failure to do so upon request may result in termination. Sick leave may not be used for vacation and there is no sick leave severance pay.

5. **Paid Holidays:** Paid holidays for full-time employees are the same as provided by South Carolina Law for State employees. Part-time employees receive no paid holidays.

6. **Severance Pay Policy:** Full-time employees will receive any **unused** annual leave pay at the time of termination. Part-time employees receive no severance pay.

Any changes in these terms shall be made in writing and at least seven (7) days before they become effective.

T. Brown
Employee's Signature

1/5/2011
Date

Keiralf Session
Employer's Signature

Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

<input type="checkbox"/> Termination (Involuntary)	<input checked="" type="checkbox"/> Salary Change	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Resignation (Voluntary)	<input checked="" type="checkbox"/> Job Title Change	<input type="checkbox"/> Scheduled Hours Change
<input type="checkbox"/> Retirement	<input type="checkbox"/> Job Reassignment	<input type="checkbox"/> Other
<input type="checkbox"/> Seasonal Employee Returning	<input type="checkbox"/> Seasonal Employee Ending	<input type="checkbox"/> Seasonal Job Transfer

I. Current Information: This section must be completed

1. Employee Name: Tiffani Brown		2. Job Title: Part-Time Administrative Coordinator	
3. Department Name: Community Relations	4. Job Code: 552	5. Job Grade: NA	

II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

6. Salary Change:	From: \$19 hr	To: \$25,000.00	Percentage Increase: NA
7. Class Code Change:	New Class Code: Class Code 1 Full-time (1.0 FTE)		
8. Job Code / Title Changes:	New Job Code: 115	Salary Class: Non-Exempt	
New Job Title: Administrative Assistant		New Job Grade: 4	
9. Department Change:	Old Dept. Name: NA	New Department Name: NA	
10. Reason for change(s) noted above: Promotion to full-time			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 6/12/2011 The effective date should coincide with the start date of a payroll period.			

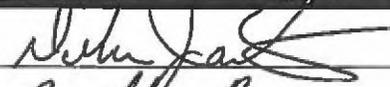
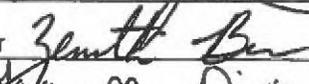
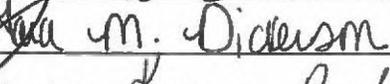
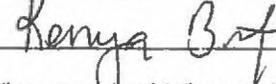
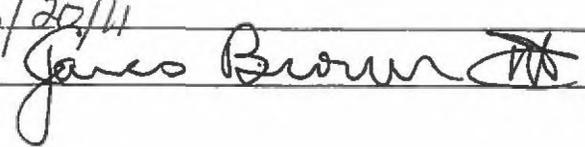
III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both

12. Voluntary or Involuntary? Click Here	13. Effective Date:	14. Proper Notice Given? Click Here
		15. Would you re-employ? Click Here
For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination.		
16. If voluntary resignation, why? If no rehire recommendation, why?		

IV. Leave of Absence

17. Leave type: Click Here	18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p")	
19. Anticipated date leave begins:	20. Last scheduled work day:	21. Planned return date:

V. Signatures & Date

Supervisor / Manager	
Department Director	
Division Head	
Assistant Executive Director	
Executive Director (required for pay changes exceeding normal guidelines and terminations)	6/20/11 

BOARD OF COMMISSIONERS:

*J. Marie Green, Chair
G. Todd Weiss, Secretary
C. Todd LaTiff
Weston A. Furgess, Jr.
Wilbert Lewis
George D. Martin, Jr.
Barbara Mickens*



"Enriching Lives, Connecting Communities."

EXECUTIVE DIRECTOR

James Brown, III
5819 Shakespeare Road
Columbia, SC 29223
Phone: (803) 754-7275
Fax: (803) 786-2028
Email: info@rcrc.state.sc.us
www.richlandcountyrecreation.com

MEMORANDUM

To: Tiffani Brown
From: James Brown, III *J. Brown*
Executive Director
Subject: **Employment Confirmation**
Date: June 27, 2011

This is to confirm your employment with the Richland County Recreation Commission. Your annual salary for the period of July 1, 2011 – June 30, 2012 with the 3% Cost of Living increase is \$25,750.00.

Employee's Acknowledgment Signature: *J. Brown*

Date: *6/30/11*

Please Sign and Return to Keira Session – Human Resources.

NOTHING CONTAINED IN THIS CONFIRMATION CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL EMPLOYEES ARE EMPLOYED "AT WILL" WHICH MEANS THAT THE EMPLOYEE HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT THE COMMISSION RETAINS THE SAME RIGHT. EXCEPTIONS TO THE POLICY THAT ALL EMPLOYEES ARE EMPLOYED "AT-WILL" MAY BE MADE ONLY BY WRITTEN AGREEMENT SIGNED BY THE COMMISSION AND THE EMPLOYEE.

CONFIDENTIAL



Nationally Accredited:
The Richland County Recreation Commission became South Carolina's first nationally accredited parks and recreation agency in 2006.

Equal Opportunity Statement: The Richland County Recreation Commission is dedicated to the concept of equal opportunity. The Commission will not discriminate on the basis of race, color, religion, sex, age, disability, national origin, or marital status, in its employment practices or in the participation policies for its facilities.



Enriching Lives &
Connecting Communities

Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

<input type="checkbox"/> Termination (Involuntary)	<input checked="" type="checkbox"/> Salary Change	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Resignation (Voluntary)	<input type="checkbox"/> Job Title Change	<input type="checkbox"/> Scheduled Hours Change
<input type="checkbox"/> Retirement	<input type="checkbox"/> Job Reassignment	<input type="checkbox"/> Other
<input type="checkbox"/> Seasonal Employee Returning	<input type="checkbox"/> Seasonal Employee Ending	<input type="checkbox"/> Seasonal Job Transfer

I. Current Information: This section must be completed

1. Employee Name: Tiffani Brown		2. Job Title: Admin Assistant	
3. Department Name: Facilities	4. Job Code: 115	5. Job Grade: 4	

II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

6. Salary Change:	From: \$25,750.14	To: \$28,750.14	Percentage Increase:
7. Class Code Change:	New Class Code: Click Here		
8. Job Code / Title Changes:	New Job Code:	Salary Class: Click Here	
New Job Title:		New Job Grade:	
9. Department Change:	Old Dept. Name:	New Department Name:	
Reason for change(s) noted above: Pay Increase			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: Click Here 05-27-12 NB			

The effective date should coincide with the start date of a payroll period.

III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both

12. Voluntary or Involuntary? Click Here	13. Effective Date:	14. Proper Notice Given? Click Here
		15. Would you re-employ? Click Here

For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination.

16. If voluntary resignation, why? If no rehire recommendation, why?

IV. Leave of Absence

17. Leave type: Click Here	18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p")	
19. Anticipated date leave begins:	20. Last scheduled work day:	21. Planned return date:

V. Signatures & Date

Department Director		
Department Head	<i>Laura Lewis</i>	6/6/12
Assistant Executive Director		
Executive Director	<i>James Brown</i>	6/6/12
Human Resources Representative	<i>Sandra James</i>	6/7/12

When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.



Enriching Lives &
Connecting Communities

Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

<input type="checkbox"/> Termination (Involuntary)	<input checked="" type="checkbox"/> Salary Change	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Resignation (Voluntary)	<input checked="" type="checkbox"/> Job Title Change	<input type="checkbox"/> Scheduled Hours Change
<input type="checkbox"/> Retirement	<input checked="" type="checkbox"/> Job Reassignment	<input type="checkbox"/> Other
<input type="checkbox"/> Seasonal Employee Returning	<input type="checkbox"/> Seasonal Employee Ending	<input type="checkbox"/> Seasonal Job Transfer

I. Current Information: This section must be completed

1. Employee Name: Tiffani Brown		2. Job Title: Administrative Assistant Clyburn Technology Center	
3. Department Name: Community Relations	4. Job Code: 115	5. Job Grade: 4	

II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours

6. Salary Change:	From: \$28,750.00	To: \$36,000.00	Percentage Increase:
7. Class Code Change:	New Class Code: Class Code 1 Full-time (1.0 FTE)		
8. Job Code / Title Changes:	New Job Code: 405	Salary Class: Exempt	
New Job Title: Technology Center Manager		New Job Grade: 6	
9. Department Change:	Old Dept. Name: Community Relations	New Department Name: Community Relations	
10. Reason for change(s) noted above: job promotion			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 7/7/2013 07/01/2013 <i>KVB JWA JSB</i> The effective date should coincide with the start date of a payroll period.			

III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both

12. Voluntary or Involuntary? Click Here	13. Effective Date:	14. Proper Notice Given? Click Here
		15. Would you re-employ? Click Here
For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination.		
16. If voluntary resignation, why? If no rehire recommendation, why?		

IV. Leave of Absence

17. Leave type: Click Here	18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p")	
19. Anticipated date leave begins:	20. Last scheduled work day:	21. Planned return date:

V. Signatures & Date

Department Director	<i>Zantha R</i>	<i>6/28/13</i>
Department Head	<i>Alice M. Duro</i>	<i>6/28/13</i>
Assistant Executive Director	<i>Kemya Bryant</i>	<i>6/28/13</i>
Executive Director (required for pay changes exceeding normal guidelines and terminations)	<i>John Beaman</i>	<i>6/28/13</i>
Human Resources Representative	<i>Keirell Sessin</i>	<i>06-28-2013</i>

When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.
02/2013



Enriching Lives &
Connecting Communities

Richland County Recreation Commission

Indicate what change is occurring (choose all that apply):

<input type="checkbox"/> Termination (Involuntary)	<input checked="" type="checkbox"/> Salary Change	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Resignation (Voluntary)	<input type="checkbox"/> Job Title Change	<input type="checkbox"/> Scheduled Hours Change
<input type="checkbox"/> Retirement	<input type="checkbox"/> Job Reassignment	<input type="checkbox"/> Other
<input type="checkbox"/> Seasonal Employee Returning	<input type="checkbox"/> Seasonal Employee Ending	<input type="checkbox"/> Seasonal Job Transfer

I. Current Information: This section must be completed		
1. Employee Name: Tiffany Brown	2. Job Title: Technology Center Manager - Garners Ferry	
3. Department Name: Facility Operations	4. Job Code: 625	5. Job Grade: 5

II. Changes in Salary, Job Title, Grade, Department, or Scheduled Hours			
6. Salary Change:	From: \$36,000.12	To: \$42,000.14	Percentage Increase:
7. Class Code Change:	New Class Code: Click Here		
8. Job Code / Title Changes:	New Job Code:	Salary Class: Click Here	
9. Department Change:	Old Dept. Name:	New Department Name:	
10. Reason for change(s) noted above: Pay Increase			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 02/01/2015 The effective date should coincide with the start date of a payroll period.			

III. Resignations (Voluntary Discharge) and Terminations (Involuntary Discharge)- Choose only one, not both		
12. Voluntary or Involuntary? Click Here	13. Effective Date:	14. Proper Notice Given? Click Here
		15. Would you re-employ? Click Here
<i>For any termination: You must attach or forward a disciplinary action form or detailed memo with Executive Director signature/approval describing the incident which resulted in the termination.</i>		
16. If voluntary resignation, why? If no rehire recommendation, why?		

IV. Leave of Absence		
17. Leave type: Click Here	18. Normal work schedule: (example: "Tue, Thur, Sat 9a-5p")	
19. Anticipated date leave begins:	20. Last scheduled work day:	21. Planned return date:

V. Signatures & Date	
Assistant Executive Director	2/18/15
Human Resources Representative	2/18/15
When approval is e-mailed: By typing my name in the appropriate area above, I certify this to be my electronic signature.	