



< CLOSE

HOME RESOURCE

Regular Pay History

Employer

JB Brown,
AACM - Adm
Home Dept

Show Changes for:
all

Show as of 10/24/2016

Position
Adult Activity
Center Manag

Position Start Date
5/30/2010

EFFECTIVE DATE	COMPENSATION..	RATE TYPE	AMOUNT	RATE 2	PAY FREQ..	STAN..	PERCENT CHA..	AMOUNT CHA..	ANNUAL AM
(Current)									
10/01/2015	PAY IN - Pay Incr...	Salary	1,917.70	23.97...	Biweekly		8.7224	4,000.10	49,860.20
(History)									
07/21/2013	PAY IN - Pay Incr...	Salary	1,763.85	22.04...	Biweekly	80.00	15.0512	5,999.50	45,860.10
05/27/2012	PAY IN - Pay Incr...	Salary	1,533.10		Biweekly	80.00	8.1392	3,000.14	39,860.60
07/01/2011	COST - Cost of L...	Salary	1,417.71		Biweekly	80.00	2.9998	1,073.54	36,860.46
03/06/2011	PAY IN - Pay Incr...	Salary	1,376.42		Biweekly	80.00	12.5841	4,000.10	35,786.92
05/30/2010	NH	Salary	1,222.57		Biweekly	80.00	91.0266	15,146.82	31,786.82
03/19/2010	NH	Hourly	8.0000		Biweekly	80.00		16,640.00	16,640.00

Position End Date
5/30/2010

Address
City
State

Phone
Fax

Website
Email

Notes
Comments

Additional Info

Privacy Legal

TERMS OF EMPLOYMENT

Name Jeffrey A. Brown SSN [REDACTED]

Date of Employment or Change in Terms March 19, 2010

Position PT Assistant Park Manager Full-Time _____ Part-Time XX

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 \$ 8.00 per hour
 Salary \$ _____ per year

2. **Payday is bi-weekly. Day of payment is FRIDAY.**
Time of payment is: 3:00 p.m. (Parks Division)
 5:00 p.m. (All others)
Place of payment is facility where employed.

3. **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 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.

Jeffrey A. Brown 19 Mar 2010 Dijana White 3-19-2010
Employee's Signature Date Employer's Signature Date



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 type="checkbox"/> Job Reassignment	<input type="checkbox"/> Other

I. Current Information: This section must be completed

1. Employee Name: Jeff Brown		2. Job Title: PT Assistant Park Manager	
3. Department Name: Parks Division	4. Job Code: PT	5. Job Grade: N/A	

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

6. Salary Change:	From: \$8.00	To: \$31,787.70	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: 545	Salary Class: Exempt	
	New Job Title: Park Manager	New Job Grade: 5	
9. Department Change:	Old Dept. Name: Parks Division	New Department Name: Parks Division	
10. Reason for change(s) noted above: Promoted from part time Assistant Park Manager to Park Manager			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 5/30/2010 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 Head Taurus Lewis (please include dept name & telephone number)	<i>Taurus Lewis</i>
Executive Director James Brown (required for pay changes exceeding normal guidelines and terminations)	<i>James Brown</i>
Human Resources Representative	<i>Jiyana White</i>

By typing my name in the appropriate area above, I certify this to be my electronic signature.



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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: Jeffrey Brown		2. Job Title: Park Manger	
3. Department Name:	4. Job Code: 545	5. Job Grade: 5	

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

6. Salary Change:	From: \$31,786.82	To: \$35,786.82	Percentage Increase: \$1376.42
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:	
10. Reason for change(s) noted above: Job reclassification/additional duties.			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 3/6/2011 The effective date should coincide with the start date of a payroll period. Increase / Experience			

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 rehke 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	
Division Head	<i>Samuel Luccini 3/15/11</i>
Assistant Executive Director	<i>Keryn Bryant 3/15/11</i>
Executive Director	
Human Resources Representative	<i>Keralf Jensen 03/17/11</i>

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

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: Jeffrey Brown

From: James Brown, III *SB*
 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 \$36,860.53.

Employee's Acknowledgment Signature: *Jeffrey Brown*

Date: *11 July 2011*

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: Jeff Brown		2. Job Title: Park Manager	
3. Department Name: Parks	4. Job Code: 545	5. Job Grade: 5	

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

6. Salary Change:	From: \$36,860.46	To: \$39,860.46	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:	
10. Reason for change(s) noted above: Pay Increase			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: Click Here 05-27-12 DJ 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

Department Director		
Department Head	<i>Laura Lano</i>	<i>6/6/12</i>
Assistant Executive Director		
Executive Director <small>(required for pay changes exceeding normal guidelines and terminations)</small>	<i>Jeff Brown</i>	<i>4/6/12</i>
Human Resources Representative	<i>Sandra James</i>	<i>6/7/12</i>

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Richland County Recreation Commission

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

<input type="checkbox"/> Termination (Involuntary)	<input 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: Jeff Brown		2. Job Title: Park Manager	
3. Department Name: Parks	4. Job Code:	5. Job Grade:	

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

6. Salary Change:	From: \$0.00	To: \$0.00	Percentage Increase:
7. Class Code Change:	New Class Code: Class Code 2 Regular Part-time		
8. Job Code / Title Changes:	New Job Code:	Salary Class: Click Here	
New Job Title:		New Job Grade:	
9. Department Change:	Old Dept. Name: Blythwood Park	New Department Name: Program Coordinator	
10. Reason for change(s) noted above:			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 09/02/2012 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>Louise Arney</i>	8/31/12
Department Head	<i>Jayson Purnell</i>	9/4/12
Assistant Executive Director	<i>Cheryl</i>	9/4/12
Executive Director <small>(required for pay changes exceeding normal guidelines and terminations)</small>	<i>James Brown</i>	9/4/12
Human Resources Representative	<i>Kerri Sessin</i>	09-14-2012

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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: Jeff Brown		2. Job Title: Program Coordinator	
3. Department Name: Executive	4. Job Code: 445	5. Job Grade: 5	

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

6. Salary Change:	From: \$39,860.00	To: \$45,860.00	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:	
10. Reason for change(s) noted above: Pay Increase			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 7/21/2013 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

Assistant Executive Director: <i>Kenya Bryant</i>	Date: <i>7/26/13</i>
Executive Director: <i>James Brown</i>	Date: <i>7/26/13</i>
Human Resources Representative: <i>Keiralfessen</i>	Date: <i>07-26-13</i>

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



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

<input type="checkbox"/> Termination (Involuntary)	<input 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: Jeff Brown		2. Job Title: Program Coordinator	
3. Department Name: Executive	4. Job Code: 445	5. Job Grade: 5	

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

6. Salary Change:	From:	To:	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: Program Manager		New Job Grade: 6	
9. Department Change:	Old Dept. Name:	New Department Name:	
10. Reason for change(s) noted above: Job Title Change			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 11/24/2013 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

Assistant Executive Director: <i>Kenya V Bryant</i>	Date: 12/02/2013
Executive Director: <i>Jeff Brown</i>	Date: 12/03/2013
Human Resources Representative: <i>Keriel Sesson</i>	Date: 12/02/2013

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



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

<input type="checkbox"/> Termination (Involuntary)	<input 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: Jeffery A. Brown		2. Job Title: Program Manager
3. Department Name: Facility Operations	4. Job Code: 405	5. Job Grade: 6

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

6. Salary Change:	From:	To:	Percentage Increase:
7. Class Code Change:	New Class Code: Class Code 2 Regular Part-time		
8. Job Code / Title Changes:	New Job Code: 405	Salary Class: Exempt	
New Job Title: Manager - Adult Activity Center Parklane		New Job Grade: 6	
9. Department Change:	Old Dept. Name: Denny Terrace	New Department Name: Adult Activity Center - Parklane	
10. Reason for change(s) noted above: Restructuring: Job Transfer / Title Change			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: Click Here 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>[Signature]</i>	10/21/14
Department Head	<i>[Signature]</i>	10/22/14
Assistant Executive Director	<i>[Signature]</i>	10/22/14
Executive Director <small>(required for pay changes exceeding normal guidelines and terminations)</small>	<i>[Signature]</i>	10/22/14
Human Resources Representative	<i>[Signature]</i>	10/27/2014

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



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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: Jeffrey Brown		2. Job Title: Program Coordinator	
3. Department Name: Programmin	4. Job Code: 505	5. Job Grade: 5	

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

6. Salary Change:	From: \$45,860.10	To: \$49,860.20	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: 625	Salary Class: Exempt	
New Job Title: Site Manager - AAC		New Job Grade: 5	
9. Department Change:	Old Dept. Name:	New Department Name:	
10. Reason for change(s) noted above: Promotion			
11. EFFECTIVE DATE OF THE CHANGES(S) NOTED ABOVE: 09/13/2015 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
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>H. A. Crook</i>	9/14/15
Department Head	<i>Laura Lewis</i>	9/14/2015
Assistant Executive Director	<i>Kenya V. Bradford</i>	10/19/15
Executive Director		
Human Resources Representative	<i>Dan O'Steen</i>	10/19/15

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

In Payroll *L*