

Central Health

Name: Larry WallaceEffective Date: 6/12/17ID#: 1027ENTERED
6/16/17Pay Period End Date: 6/24/17DOH: 9/19/2009Check Date: 6/30/17Purpose: CEO Hired - interim over. Salary changeJustification: please add \$7,000.00 car allowanceComments: based
Salary is for on a new role.

Previous Status	Requested Status
EE Type: _____	EE Type: _____
Status: _____	Status: _____
Title: <u>Interim CEO(CH)</u>	Title: <u>? Enterprise Chief Administrative officer</u>
Manager: _____	Manager: _____
Location: _____	Timekeeper: _____
Department: _____	Location: _____
PCN #: _____	Department: _____
Evaluation Date: ____/____/____	PCN #: _____
Rate of Pay: <u>11,846.16 (308,000.16)</u>	Evaluation Date: ____/____/____
Pay Grade: _____	Rate of Pay: <u>11,346.16 (295,000.00)</u>
Exempt/Non-exempt: _____	Pay Grade: _____
Benefits: _____	Exempt/Non-exempt: _____
PTO Level: _____	Benefits: _____
	PTO Level: _____
	PTO Bal: _____
<u>HW</u> <u>6/16/17</u> HR Representative Date	_____ Payroll Signature Date

☐ Badge
 ☐ HR Activity Report
 ☐ Benefit Class Email
 ☐ Eligible for Merit?
 ☐ Change to LOA

Central Health

Name: Larry Wallace Effective Date: 01/01/2017
 ID#: _____ Pay Period End Date: 01/07/2017
 DOH: ____/____/____ Check Date: _____

Purpose: Car allowance addition for Interim CEO

Justification: _____

Comments: 7,000.²⁴ Car Allowance Annual = 269.24 per pay period

Previous Status: <u>Car allowance: \$0.00</u>	Requested Status: <u>Car allowance: \$7,000.²⁴ @ year m.x</u>
EE Type: _____	EE Type: _____
Status: _____	Status: _____
Title: _____	Title: _____
Manager: _____	Manager: _____
Location: _____	Timekeeper: _____
Department: _____	Location: _____
PCN #: _____	Department: _____
Evaluation Date: ____/____/____	PCN #: _____
Rate of Pay: _____	Evaluation Date: ____/____/____
Pay Grade: _____	Rate of Pay: _____
Exempt/Non-exempt: _____	Pay Grade: _____
Benefits: _____	Exempt/Non-exempt: _____
PTO Level: _____	Benefits: _____
	PTO Level: _____
	PTO Bal: _____
<u>[Signature]</u> 1/3/2017 HR Representative Date	<u>[Signature]</u> Payroll Signature Date

☐ Badge ☐ HR Activity Report ☐ Benefit Class Email ☐ Eligible for Merit? ☐ Change to LOA

[Signature]

CommUnityCare

ENTERED
M.H.

12-20-16

Name: Larry Wallace

Effective Date: 12-11-16

SS#: _____

Pay Period End Date: 12-24-16

EE ID# _____

Purpose: Interim CEO Compensation Adjustment

Justification: _____

PRESENT STATUS	REQUESTED STATUS
Employee Name: _____	Employee Name: _____
PCN #: _____	PCN #: _____
Location: _____	Location: _____
Department: _____	Department: _____
Title: _____	Title: _____
Manager: _____	Manager: _____
Evaluation Date: _____	Evaluation Date: _____
Status: _____	Status: _____
Rate of Pay: <u>\$283,250 Annual</u> <u>\$10,894.23 biweekly</u>	Rate of Pay: <u>\$308,000 Annual</u> <u>\$11,846.15 biweekly</u>
Grade: _____	Grade: _____
Current PTO Level: _____	PTO Level Change: _____
Cell Phone Stipened: _____	PTO Pay Out?: _____
	Cell Phone Stipened _____

Shueless
HR Representative
M.H.

12/14/16
Date
12-20-16

Ante Pate
Payroll Signature

Date