

ALL PARS MUST BE SUBMITTED BY THE 10th OF EACH MONTH. PLEASE TYPE OR PRINT FORM. Note: 11/13/2006 Effective Date: To: HUMAN RESOURCES DEPARTMENT Sen. Steve Ogden Employee: From: Patricia Berryman Sen. Steve Ogden Social Security Number: Office: **Action Required** New Hire Employee is a direct transfer from State Agency \_ LWOP - FMLA Status Change Transfer to Senate Office Salary Change LWOP - Worker's Comp Transfer from Senate Office Salary Charge Change LWOP - Other Other\_ A Reinstate from LWOP \_\_ Termination Last physical day at work Employee is transferring to State Agency \_ Retirement Forwarding Address (For Payroll purposes): Street/P.O. Box State Apt.# City **Employment Status** Full-time Regular Check one item per section: Section A Section B Part-time hours per week Temporary Location Capitol District District Office in (City) County . Title/Salary Action Present Title: Present Salary: New Salary: New Title: (Members Only) Charge: Office Account \$ Committee Account \$ Approval 11706/2006 Authorized Signature **Lump Sum Termination Pay** REQUEST FORMS FOR LUMP SUM PAYMENTS MAY BE OBTAINED FROM THE HUMAN RESOURCES OFFICE. Human Resources Use Only

Position Number:

Position Number:

Org. Code:

Org. Code:

HR initials



ALL PARS MUST BE SUBMITTED BY THE 10th OF EACH MONTH. PLEASE TYPE OR PRINT FORM. Note: 09/01/2007 To: HUMAN RESOURCES DEPARTMENT Effective Date: Sen. Steve Ogden Employee: Patricia Berryman From: Social Security Number: Sen. Steve Ogden Office: **Action Required** Employee is a direct transfer from State Agency New Hire LWOP - FMLA Transfer to Senate Office Status Change LWOP - Worker's Comp Transfer from Senate Office Salary Change Salary Charge Change LWOP - Other Other Reinstate from LWOP Termination Last physical day at work Employee is transferring to State Agency \_ Retirement Forwarding Address (For Payroll purposes): City State Street/P.O. Box Apt. # Employment Status Full-time Regular Check one item per section: Section A Section B Part-time hours per week Temporary Location District ☐ Capitol District Office in (City) Title/Salary Action Present Title: Present Salary: \$2.188.33/mo. New Title: New Salary: \$2,271.67/mo. (Members Only) Charge: Office Account \$ Committee Account \$ Approval 08/28/2007 Authorized Signature **Lump Sum Termination Pay** REQUEST FORMS FOR LUMP SUM PAYMENTS MAY BE OBTAINED FROM THE HUMAN RESOURCES OFFICE. **Human Resources Use Only** HR initials Position:Number: Org. Code:

Org. Code:

Position Number:



ALL PARS MUST BE SUBMITTED BY THE 10th OF EACH MONTH. PLEASE TYPE OR PRINT FORM. 09-01-2008 Effective Date: To: HUMAN RESOURCES DEPARTMENT SEN. STEVE DEDEN PATRICIA BELRYMAN Social Security Number: **Action Required** New Hire Employee is a direct transfer from State Agency Status Change LWOP - FMLA Transfer to Senate Office LWOP - Worker's Comp Salary Change Transfer from Senate Office \_ Salary Charge Change LWOP - Other Other Reinstate from LWOP Termination Last physical day at work Employee is transferring to State Agency Retirement Forwarding Address (For Payroll purposes): Street/P.O. Box Apt.# Employment Status Regular Section A Check one item per section: Section B Part-time hours per week Temporary Location Capitol District District Office in (City) County Title/Salary Action A2271.67/40. Present Title: Present Salary: 2480.00/40. New Title: New Salary: (Members Only) Charge: Office Account \$ Committee Account \$\_ Approval 18.27-2008 Date Authorized Signature **Lump Sum Termination Pay** REQUEST FORMS FOR LUMP SUM PAYMENTS MAY BE OBTAINED FROM THE HUMAN RESOURCES OFFICE. **Human Resources Use Only** HR initials

Org. Code:

Org. Code:

Position Number:

Position Number:



o: HUMAN RESOURCES DEP	ARTMENT	Effective Date: 12 3 2009			
Office: SEN STEVE CONEN		Employee: FILTERIN LEWNHAN  Social Security Number			
New Hire		Employee is a direct transfer from	State Agency		
Status Change Salary Change Salary Charge Change	LWOP - FMLA  LWOP - Worker's Comp  LWOP - Other  Reinstate from LWOP	Transfer to Senate Office Transfer from Senate Office Other			
Termination Last physica Retirement Forwarding Address (For Payr	-10	Employee is transferring to State	Agency		
Street/P.O. Box	Apt. # Cit	у	State	Zip	
	Emplo	oyment Status			
Check one item per section:	Section A Full-tim	e hours per week	Section B	Regular Temporary	
		Location		- L#	
Capitol District	District Office in (City)		County		
	, Title/	Salary Action			
Present Title:	nt Title:		Present Salary:		
New Title:		New Salary:			
(Members Only) Charge:	Office Account \$	Committee A	account \$		
	. 1	Approval	35	8)	
Staff Ed	horized Signature		11.65. D	2616 ate	
	Lump Sun	n Termination Pay	1		
REQUEST FOR	MS FOR LUMP SUM PAYMENTS I	MAY BE OBTAINED FROM TH	E HUMAN RESOURCES	OFFICE.	
	Human l	Resources Use Only			
Position Number:	Org. Code:			HR initials	
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