

Updated Employee Data Record

Shelby County Government

Thru: *Human Resources*

To: *County Auditor*



Change Type:

To Be Completed By Authorizing Manager

Employee Name:

Effective Date of Change:

Department/Office:

Position Title:

Appropriation #:

Position Class:

Check Applicable Employment Status: Full-time

Position Level:

Part-time

Annual Pay:

Temporary

Hourly Pay(if applicable):

Authorizing Signature:

To Be Completed By Employee

Employee Name:

Employee SS#:

Home Address:

Home Phone #:

Emergency Contact \Rightarrow **Name:**

Address:

Relationship: **Contact Phone #:**

Employee's Signature:

Today's Date: