

**BEFORE THE BOARD OF THE COUNTY COMMISSIONERS
FOR THE COUNTY OF JEFFERSON**

SALARY CHANGE

**IN THE MATTER OF SETTING THE
COMPENSATION OF AN EMPLOYEE**

}
}

SALARY ORDER NO. _____

Employee Name: _____

Position Title: _____

Department: _____

Effective Date: _____

Reason:

DESCRIPTION	CURRENT	REQUEST
Hourly Rate		
Monthly Wage		
Grade		
Step		
Salary Matrix/PERS Class		
Benefit Group		
Applicable Benefits & Other Terms		
Employee Signature		

APPROVED, ADOPTED, AND ORDERED this _____ day of _____, _____

ATTEST:

BOARD OF COMMISSIONERS

Department Director: _____

Commissioner, Chair: _____

Finance Director: _____

Commissioner: _____

County Administrative Officer: _____

Commissioner: _____

GL BUDGET LINE ITEM: _ _ _ - _ _ _ - 510 - _ _ _ **SALARY ANNIVERSARY DATE:** _____