

POPE COUNTY
CHANGE IN POSITION FORM

An employee can only be paid for 10 days per pay period and each position can only be paid 10 days per pay period.

I, _____ take this means to notify you that I have changed
(official/department head)

_____ to a (full-time/part-time) position in the
(employee)

_____ to the position of _____. This
(department/office) (title & position number)

employee is effective _____ at the pay rate of _____.
(date begins work) (a year/an hour)

This employee _____ replacing an employee that is _____ positions.
(is/is not) (leaving/changing)

The employee who is being replaced is _____.
(name, if applicable)

For this upcoming pay period beginning _____ and ending _____.
(date) (date)

_____ will be paid for _____ hours in the new position
(new employee in this position)

and _____ hours in the _____.
(former position)

(date)

(official/department head)