

**COMMISSIONERS' MINUTES
KITITAS COUNTY, WASHINGTON
COMMISSIONERS CONFERENCE ROOM
REGULAR MEETING**

MONDAY

9:00 A.M.

JUNE 08 2015

Board members present: Vice-Chairman Obie O'Brien & Commissioner Paul Jewell. Excused: Chairman Gary Berndt.

Others: Julie Kjorsvik, Clerk of the Board and Debbie Myers, Receptionist/Clerk.

REGULAR MEETING OFFICE STAFF MEETING COMMISSIONERS

At 9:00 a.m. Vice-Chairman Obie O'Brien opened the Office Administration meeting.

CALENDAR WEEK AT A GLANCE COMMISSIONERS

The Board of County Commissioners reviewed their weekly calendar.

PAF/VOUCHERS REVIEW OF PAF'S & VOUCHERS COMMISSIONERS

The Board of County Commissioners approved and signed County Employee Personnel Action forms and vouchers.

CORRESPONDENCE LOG REVIEW OF CORRESPONDENCE LOG COMMISSIONERS

The Board of County Commissioners (BOCC) reviewed the weekly Correspondence Log, a listing of all incoming mail and correspondence for the week ending June 05, 2015.

UPDATE BOCC/ DEPARTMENT HEAD REPORTS COMMISSIONERS

Each Commissioner was assigned three different Department Heads to meet with on a weekly basis. This was determined at a Special Meeting with the Board of County Commissioners held on June 18, 2009. Each Commissioner reviewed discussions held with their respective departments and exchanged details of those meetings. On January 3, 2011 the Board determined it would be beneficial to alternate Commissioners that will oversee the different Department Head's on an annual basis. They determined at the end of 2013 they would review the various committees they participate in and provide beneficial updates to the Board as needed during this time as well.

REQUEST TO ADVERTISE CLERK'S POSITION COMMISSIONERS

Julie Kjorsvik, Clerk of the Board advised the Commissioners that Brandi Green, BOCC Records Clerk's last day is June 30, 2015 and

APPROVED
7.7.15

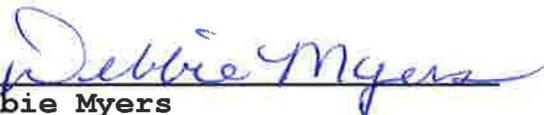
that she would like to advertise for the position as soon as possible. The BOCC agreed the position could be advertised as soon as possible.

OTHER BUSINESS

Vice-Chairman O'Brien said he had attended the City of Ellensburg's last Council meeting where they approved the requested noise waiver from Kittitas County for the upcoming Tractor Pull event at the Kittitas County Event Center.

Meeting adjourned at 10:00 a.m.

CLERK


Debbie Myers

**KITTITAS COUNTY COMMISSIONERS
KITTITAS COUNTY, WASHINGTON**


Obie O'Brien, Vice-Chairman

**KITTITAS COUNTY COMMISSIONERS
REGULAR MEETING
BOCC OFFICE ADMIN MEETING
MONDAY, JUNE 08, 2015
9:00 AM**

**BOCC Conference Room
205 West 5th Room 108 - Ellensburg**

- 1. Call to Order**
- 2. Review Commissioners Calendar**
- 3. PAF/Vouchers**
- 4. Review Weekly Correspondence Log**
- 5. General Updates/Department Head Reports**
- 6. Request Permission to Post for the BoCC Records Clerk Position.**
- 7. Other business**
- 8. Adjourn**



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Weyand	FIRST NAME Kevin	EMPLOYEE # W2678	EFFECTIVE DATE 06/23/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input checked="" type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire Provide Details of Separation Below	

COMMENTS: New hire effective June 23, 2015 for the position of Equipment Operator. Employee will report to the Ellensburg Maintenance Shop. Position is a member of Local 792 (Road Union) and must successfully complete a six month probationary period.

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE		Equipment Operator
OCCUPATION CODE		4641
UNION CODE		60
PAY GRADE		441
STEP / POSITION		1
FLSA STATUS	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE		6/23/2015
ADJ HIRE DATE		6/23/2015
POSITION DATE		6/23/2015
LAST RAISE DATE		
BASE WAGE	\$	\$ 22.06
LONGEVITY	\$	\$
FTE	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$	\$ 22.06
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
DEPARTMENT		Public Works
BUDGET NUMBER	A. _____ %: _____ B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)
To continue any allowance, stipend, or other, it must be listed in both columns for audit purposes or the amount will default to "0".		
ALLOWANCE (Detail in Comments Section)	\$	\$ 0.00
STIPEND (Detail in Comments Section)	\$	\$ 0.00
OTHER (Detail in Comments Section)	\$	\$ 0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>Mark D. Cook</i>	DATE 06-03-15	BUDGET/PAYROLL <i>Judy Pless</i>	DATE 6/5/15
HUMAN RESOURCE <i>[Signature]</i>	DATE 6/5/15	COMMISSIONER #1 <i>[Signature]</i>	DATE 6/8/2015
COMMISSIONER #2 ABSENT	DATE	COMMISSIONER #3 <i>[Signature]</i>	DATE 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Curtis	FIRST NAME Cameron	EMPLOYEE # C2627	EFFECTIVE DATE 06/15/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input checked="" type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input checked="" type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS: Seasonal flagger/laborer scheduled to end no later than October 29, 2015. Employee will report to the Cle Elum Maintenance Shop.

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE		Seasonal Flagger/Laborer
OCCUPATION CODE		4801
UNION CODE		86
PAY GRADE		401
STEP / POSITION		06-09
FLSA STATUS	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE		6/15/2015
ADJ HIRE DATE		6/15/2015
POSITION DATE		6/15/2015
LAST RAISE DATE		
BASE WAGE	\$	\$ 13.00
LONGEVITY	\$	\$
FTE	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$	\$ 13.00
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
DEPARTMENT		Public Works
BUDGET NUMBER	A. _____ %: _____ B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)
<i>To continue any allowance, stipend, or other, it must be listed in both columns for audit purposes or the amount will default to "0".</i>		
ALLOWANCE (Detail in Comments Section)	\$	\$ 0.00
STIPEND (Detail in Comments Section)	\$	\$ 0.00
OTHER (Detail in Comments Section)	\$	\$ 0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>Mark R. Cole</i>	DATE 06-03-15	BUDGET/PAYROLL <i>Andy Pless</i>	DATE 6/5/15
HUMAN RESOURCE <i>Wjmy</i>	DATE 6/5/15	COMMISSIONER #1 <i>[Signature]</i>	DATE 6/8/2015
COMMISSIONER #2 ABSENT	DATE	COMMISSIONER #3 <i>Chris D. Job</i>	DATE 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Jones	FIRST NAME Stephanie	EMPLOYEE # J2624	EFFECTIVE DATE 06/03/15
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input type="checkbox"/> FULL-TIME (1) <input checked="" type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input checked="" type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input checked="" type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire Provide Details of Separation Below	

COMMENTS: A budget approved internship from the Auditor's budget with a current CWU Accounting student, which has become a joint partnership with the Auditor's Office and the Treasurer's Office with the Treasurer taking the lead.

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE		INTERN
OCCUPATION CODE		3874
UNION CODE		87
PAY GRADE		374
STEP / POSITION		5
FLSA STATUS	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE		06/03/2015
ADJ HIRE DATE		06/03/2015
POSITION DATE		06/03/2015
LAST RAISE DATE		
BASE WAGE	\$	\$15.00
LONGEVITY	\$	\$
FTE	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$	\$
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
DEPARTMENT		TREASURER/AUDITOR
BUDGET NUMBER	A. _____ %: _____ B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)

To continue any allowance, stipend, or other, it must be listed in **both** columns for audit purposes or the amount will default to "0".

ALLOWANCE (Detail in Comments Section)	\$	\$
STIPEND (Detail in Comments Section)	\$	\$
OTHER (Detail in Comments Section)	\$	\$

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>[Signature]</i>	DATE 6/3/15	BUDGET/PAYROLL <i>[Signature]</i>	DATE 6/5/15
HUMAN RESOURCE <i>[Signature]</i>	DATE 6/5/15	COMMISSIONER #1 <i>[Signature]</i>	DATE 6/8/15
COMMISSIONER #2 ABSENT	DATE	COMMISSIONER #3 <i>[Signature]</i>	DATE 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Farah	FIRST NAME Liban	EMPLOYEE # F2615	EFFECTIVE DATE 06/02/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input checked="" type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input checked="" type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input checked="" type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input checked="" type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input checked="" type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS : Employee departed during work hours and left prox card.

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	COMMUNITY SERVICE SUPERVISOR	
OCCUPATION CODE	3850	
UNION CODE	88	
PAY GRADE	350	
STEP / POSITION	1	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input checked="" type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	4/2/2015	
ADJ HIRE DATE	4/2/2015	
POSITION DATE	4/2/2015	
LAST RAISE DATE		
BASE WAGE	\$9.47	\$0.00
LONGEVITY	\$0.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$9.47	\$
PAYMENT METHOD	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
DEPARTMENT	JUVENILE PROBATION	
BUDGET NUMBER	A. 001 000000000220151010 %: 100.00 B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: ____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: ____ <input type="checkbox"/> 207(k)

To continue any allowance, stipend, or other, it must be listed in both columns for audit purposes or the amount will default to "0".

ALLOWANCE (Detail in Comments Section)	\$0.00	\$0.00
STIPEND (Detail in Comments Section)	\$0.00	\$0.00
OTHER (Detail in Comments Section)	\$0.00	\$0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>William D. Holmes</i> DATE: 6/4/15	BUDGET/PAYROLL <i>Judy Pless</i> DATE: 6/5/15
HUMAN RESOURCE <i>[Signature]</i> DATE: 6/15/15	COMMISSIONER #1 <i>[Signature]</i> DATE: 6/8/2015
COMMISSIONER #2 ABSENT DATE: _____	COMMISSIONER #3 <i>[Signature]</i> DATE: 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Contreras	FIRST NAME Fernando	EMPLOYEE # C2468	EFFECTIVE DATE 04/20/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input checked="" type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS : Status changed from Corrections Officer to Provisional Corporal.

Adpt for 4 mos or until roster created

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	CORRECTIONS OFFICER	(PROV) CORRECTIONS CORPORAL
OCCUPATION CODE	5721	5735
UNION CODE	72	72
PAY GRADE	521	535
STEP / POSITION	2	1
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input checked="" type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input checked="" type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	7/24/2013	07/24/2013
ADJ HIRE DATE	7/24/2013	07/24/2013
POSITION DATE	7/24/2013	4/20/2015
LAST RAISE DATE	8/1/2014	
BASE WAGE	\$3,321.00	\$4,117.00
LONGEVITY	\$0.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$3,321.00	\$4,117.00
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY
DEPARTMENT	SHERIFF	
BUDGET NUMBER	A. 001 000000030079951001 %: 100.00 B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input checked="" type="checkbox"/> 207(k)	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input checked="" type="checkbox"/> 207(k)

To continue any allowance, stipend, or other, it must be listed in **both** columns for audit purposes or the amount will default to "0".

ALLOWANCE (Detail in Comments Section)	\$0.00	\$0.00
STIPEND (Detail in Comments Section)	\$100.00	\$100.00
OTHER (Detail in Comments Section)	\$0.00	\$0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>[Signature]</i> DATE 6-3-2015	BUDGET/PAYROLL <i>[Signature]</i> DATE 6/5/15
HUMAN RESOURCE <i>[Signature]</i> DATE 6/5/15	COMMISSIONER #1 <i>[Signature]</i> DATE 6/8/2015
COMMISSIONER #2 ABSENT	COMMISSIONER #3 <i>[Signature]</i> DATE 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Greene	FIRST NAME Brandi	EMPLOYEE # G2503	EFFECTIVE DATE 06/30/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input type="checkbox"/> FULL-TIME (1) <input checked="" type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input checked="" type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input checked="" type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input checked="" type="checkbox"/> OTHER (O)
		<input checked="" type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS: Finished at CWU & will be doing student teaching in Puyallup. Last day of employment will be on June 30, 2015.

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	RECORDS CLERK	
OCCUPATION CODE	3807	
UNION CODE	82	
PAY GRADE	307	
STEP / POSITION	6	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	2/10/2014	
ADJ HIRE DATE	2/10/2014	
POSITION DATE	2/10/2014	
LAST RAISE DATE	1/1/2015	
BASE WAGE	\$ 10.75	\$ 0.00
LONGEVITY	\$ 0.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$ 10.75	\$
PAYMENT METHOD	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
DEPARTMENT	COMMISSIONERS	
BUDGET NUMBER	A. 001 00000000004551001 %: 100.00 B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)

To continue any allowance, stipend, or other, it must be listed in **both** columns for audit purposes or the amount will default to "0".

ALLOWANCE (Detail in Comments Section)	\$ 0.00	\$ 0.00
STIPEND (Detail in Comments Section)	\$ 0.00	\$ 0.00
OTHER (Detail in Comments Section)	\$ 0.00	\$ 0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>[Signature]</i>	DATE 6/3/15	BUDGET/PAYROLL <i>[Signature]</i>	DATE 6/5/15
HUMAN RESOURCE <i>[Signature]</i>	DATE 6/5/15	COMMISSIONER #1 <i>[Signature]</i>	DATE 6/9/2015
COMMISSIONER #2 ABSENT	DATE	COMMISSIONER #3 <i>[Signature]</i>	DATE 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Beardsley	FIRST NAME Tiffany	EMPLOYEE # B2192	EFFECTIVE DATE 6/2/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input checked="" type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input checked="" type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input checked="" type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	Provide Details of Separation Below

COMMENTS: Return from ~~annual leave~~ *non-FMLA leave of absence*
(Not eligible for FMLA due to hours)

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	PUBLIC HEALTH NURSE II	
OCCUPATION CODE	2471	
UNION CODE	40	
PAY GRADE	271	
STEP / POSITION	5	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	11/17/2009	
ADJ HIRE DATE	2/1/2010	
POSITION DATE	7/19/2010	
LAST RAISE DATE	1/1/2015	
BASE WAGE	\$2,451.00	\$0.00
LONGEVITY	\$0.00	\$
FTE	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input checked="" type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input checked="" type="checkbox"/> 50%
FTE WAGE	\$4,902.00	\$
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY
DEPARTMENT	PUBLIC HEALTH	
BUDGET NUMBER	A. <u>116 000000000061251001</u> %: <u>100.00</u> B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)

To continue any allowance, stipend, or other, it must be listed in **both** columns for audit purposes or the amount will default to "0".

ALLOWANCE (Detail in Comments Section)	\$0.00	\$0.00
STIPEND (Detail in Comments Section)	\$0.00	\$0.00
OTHER (Detail in Comments Section)	\$0.00	\$0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>[Signature]</i>	DATE 6/2/15	BUDGET/PAYROLL <i>[Signature]</i>	DATE 6/5/15
HUMAN RESOURCE <i>[Signature]</i>	DATE 6/5/15	COMMISSIONER #1 <i>[Signature]</i>	DATE 6/8/2015
COMMISSIONER #2 ABSENT	DATE	COMMISSIONER #3 <i>[Signature]</i>	DATE 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Panattoni	FIRST NAME Steve	EMPLOYEE # P0058	EFFECTIVE DATE 06/01/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input checked="" type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS : Employee has returned to work on light duty and limited FMLA.

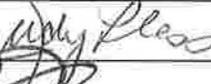
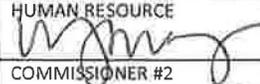
SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	PATROL SERGEANT	
OCCUPATION CODE	5710	
UNION CODE	70	
PAY GRADE	510	
STEP / POSITION	2	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input checked="" type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input checked="" type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	7/15/1983	
ADJ HIRE DATE	7/15/1983	
POSITION DATE	8/1/1991	
LAST RAISE DATE		
BASE WAGE	\$6,168.00	\$0.00
LONGEVITY	\$150.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$6,168.00	\$
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY
DEPARTMENT	SHERIFF	
BUDGET NUMBER	A. 001 000000000300251001 %: 100.00 B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: ____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: ____ <input type="checkbox"/> 207(k)

To continue any allowance, stipend, or other, it must be listed in **both** columns for audit purposes or the amount will default to "0".

ALLOWANCE (Detail in Comments Section)	\$0.00	\$0.00
STIPEND (Detail in Comments Section)	\$0.00	\$0.00
OTHER (Detail in Comments Section)	\$0.00	\$0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL  DATE: 6-1-2015	BUDGET/PAYROLL  DATE: 6/5/15
HUMAN RESOURCE  DATE: 6/5/15	COMMISSIONER #1  DATE: 6/9/2015
COMMISSIONER #2 ABSENT	COMMISSIONER #3  DATE: 6/9/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Treiber	FIRST NAME Lura	EMPLOYEE # T2370	EFFECTIVE DATE 05/01/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input checked="" type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS :

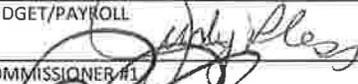
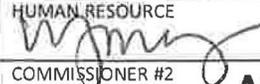
SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	CONTROL ROOM OPERATOR	
OCCUPATION CODE	5725	
UNION CODE	72	
PAY GRADE	525	
STEP / POSITION	3	4
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	5/9/2012	
ADJ HIRE DATE	5/9/2012	
POSITION DATE	5/9/2012	
LAST RAISE DATE	5/1/2014	5-1-15
BASE WAGE	\$3,120.00	\$3,341.00
LONGEVITY	\$0.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$3,120.00	\$3,341.00
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY
DEPARTMENT	SHERIFF	
BUDGET NUMBER	A. 001 000000030070251001 %: 100.00 B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: ____ <input checked="" type="checkbox"/> 207(k)	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: ____ <input checked="" type="checkbox"/> 207(k)

To continue any allowance, stipend, or other, it must be listed in **both** columns for audit purposes or the amount will default to "0".

ALLOWANCE (Detail in Comments Section)	\$0.00	\$0.00
STIPEND (Detail in Comments Section)	\$0.00	\$0.00
OTHER (Detail in Comments Section)	\$0.00	\$0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL  DATE 6-1-2015	BUDGET/PAYROLL  DATE 6/8/15
HUMAN RESOURCE  DATE 6/5/15	COMMISSIONER #1  DATE 6/8/2015
COMMISSIONER #2 ABSENT	COMMISSIONER #3  DATE 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Kivi	FIRST NAME Dirk	EMPLOYEE # K2344	EFFECTIVE DATE 6/1/2015
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SECTION 2: TYPE OF ACTION

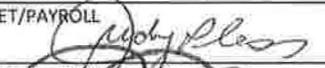
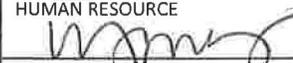
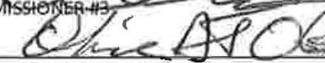
EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input checked="" type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS : Status changed from Provisional Appointment to (30) day Emergency Appointment

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	CORRECTIONS CORPORAL (Prov)	EMERGENCY APPOINTMENT (CORPORAL)
OCCUPATION CODE	5735	5803 5735
UNION CODE	72	87 72
PAY GRADE	535	503 535
STEP / POSITION	1	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	1/9/2012	01/09/2012
ADJ HIRE DATE	5/5/2013	05/05/2013
POSITION DATE	2/1/2015	06/01/2015
LAST RAISE DATE	5/1/2014	
BASE WAGE	\$4,117.00	\$4,117.00
LONGEVITY	\$0.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$4,117.00	\$4,117.00
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY
DEPARTMENT	SHERIFF	
BUDGET NUMBER	A. 001 000000000300751001 %: 100.00 B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)
<i>To continue any allowance, stipend, or other, it must be listed in both columns for audit purposes or the amount will default to "0".</i>		
ALLOWANCE (Detail in Comments Section)	\$0.00	\$0.00
STIPEND (Detail in Comments Section)	\$100.00	\$100.00
OTHER (Detail in Comments Section)	\$0.00	\$0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL  DATE: 6-1-2015	BUDGET/PAYROLL  DATE: 6/5/15
HUMAN RESOURCE  DATE: 6/5/15	COMMISSIONER #1  DATE: 6/8/2015
COMMISSIONER #2 ABSENT	COMMISSIONER #3  DATE: 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Casey	FIRST NAME Jody	EMPLOYEE # C2368	EFFECTIVE DATE 06/09/2015
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input checked="" type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS : Status changed from Provisional Appointment to (30) day Emergency Appointment

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	CORRECTIONS CORPORAL (<i>PROV</i>)	EMERGENCY APPOINTMENT (CORPORAL)
OCCUPATION CODE	5735	5803 5735
UNION CODE	72	87 72
PAY GRADE	535	503 535
STEP / POSITION	1	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input checked="" type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input checked="" type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	4/27/2012	04/27/2012
ADJ HIRE DATE	4/27/2012	04/27/2012
POSITION DATE	4/27/2012	06/09/2015
LAST RAISE DATE	5/1/2014	
BASE WAGE	\$4,117.00	\$4,117.00
LONGEVITY	\$0.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$4,117.00	\$4,117.00
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY
DEPARTMENT	SHERIFF	
BUDGET NUMBER	A. 001 000000000300751013 %: 100.00 B. 001 000000000300751001 %: 100.00	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input checked="" type="checkbox"/> 207(k)	<input type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input checked="" type="checkbox"/> 207(k)

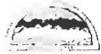
To continue any allowance, stipend, or other, it must be listed in **both** columns for audit purposes or the amount will default to "0".

ALLOWANCE (Detail in Comments Section)	\$0.00	\$0.00
STIPEND (Detail in Comments Section)	\$0.00	\$0.00
OTHER (Detail in Comments Section)	\$0.00	\$0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>[Signature]</i> DATE: 6-1-2015	BUDGET/PAYROLL <i>[Signature]</i> DATE: 6/8/15
HUMAN RESOURCE <i>[Signature]</i> DATE: 6/5/15	COMMISSIONER #1 <i>[Signature]</i> DATE: 6/8/2015
COMMISSIONER #2 ABSENT	COMMISSIONER #3 <i>[Signature]</i> DATE: 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Perez	FIRST NAME Luis	EMPLOYEE # P2494	EFFECTIVE DATE 06/01/2015
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SECTION 2: TYPE OF ACTION

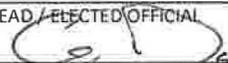
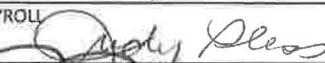
EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input checked="" type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input checked="" type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS : Advancment to Class 2 Reserve.

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	RESERVE SHERIFF DEPUTY	
OCCUPATION CODE	5801	
UNION CODE	89	
PAY GRADE	501	
STEP / POSITION	2	3
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input checked="" type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	1/14/2014	
ADJ HIRE DATE	1/1/2014	
POSITION DATE	5/9/2014	
LAST RAISE DATE		06/01/2015
BASE WAGE	\$ 11.50	\$ 15.00
LONGEVITY	\$ 0.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$ 11.50	\$ 15.00
PAYMENT METHOD	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
DEPARTMENT	SHERIFF	
BUDGET NUMBER	A. 001 000000000300251003 %: 100.00 B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)
<i>To continue any allowance, stipend, or other, it must be listed in both columns for audit purposes or the amount will default to "0".</i>		
ALLOWANCE (Detail in Comments Section)	\$ 0.00	\$ 0.00
STIPEND (Detail in Comments Section)	\$ 0.00	\$ 0.00
OTHER (Detail in Comments Section)	\$ 0.00	\$ 0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL 	DATE 6-2-2015	BUDGET/PAYROLL 	DATE 6/5/15
HUMAN RESOURCE 	DATE 6/5/15	COMMISSIONER #1 	DATE 6/9/2015
COMMISSIONER #2 ABSENT	DATE	COMMISSIONER #3 	DATE 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Nelson	FIRST NAME Mark	EMPLOYEE # N0378	EFFECTIVE DATE 5/29/2015
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SECTION 2: TYPE OF ACTION

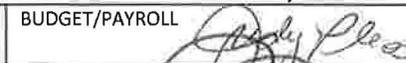
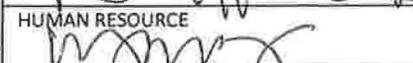
EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input checked="" type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input checked="" type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input checked="" type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input checked="" type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS : Project is complete

SECTION 3: POSITION DATA

	Enter existing data from CAMAS Wage Data Report	Enter new data
JOB TITLE	PROJECT SPECIALIST	
OCCUPATION CODE	3874	
UNION CODE	87	
PAY GRADE	374	
STEP / POSITION	8	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS <input type="checkbox"/> Other
HIRE DATE	2/17/2015	
ADJ HIRE DATE	9/7/2006	
POSITION DATE	9/7/2006	
LAST RAISE DATE		
BASE WAGE	\$ 27.00	\$ 0.00
LONGEVITY	\$ 0.00	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE	\$ 27.00	\$
PAYMENT METHOD	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
DEPARTMENT	PUBLIC HEALTH	
BUDGET NUMBER	A. 116 000000006150451001 %: 100.00 B. _____ %: _____	A. _____ %: _____ B. _____ %: _____
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> ALT/1 st Friday off: _____ <input type="checkbox"/> 207(k)
<i>To continue any allowance, stipend, or other, it must be listed in both columns for audit purposes or the amount will default to "0".</i>		
ALLOWANCE (Detail in Comments Section)	\$ 0.00	\$ 0.00
STIPEND (Detail in Comments Section)	\$ 0.00	\$ 0.00
OTHER (Detail in Comments Section)	\$ 0.00	\$ 0.00

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL  DATE: 6/1/15	BUDGET/PAYROLL  DATE: 6/5/15
HUMAN RESOURCE  DATE: 6/5/15	COMMISSIONER #1  DATE: 6/9/2015
COMMISSIONER #2 ABSENT	COMMISSIONER #3  DATE: 6/8/15

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION

**Kittitas County
Board of County Commissioners**

Please include in your next regular agenda session and read into the minutes:

Voucher Approval

The Kittitas County Board of County Commissioners on June 8, 2015 approved the vouchers audited and certified by the auditing officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, which has been recorded on a listing and made available to the Board which include claims warrant #810289862 through #810289966 in the amount of \$1,362,255.06

Auditing officer's notes:

Commissioner Remarks:

BOARD OF COUNTY COMMISSIONERS
CORRESPONDENCE LOG FOR THE WEEK ENDING: June 5, 2015
 REVIEWED AT ADMINISTRATIVE MEETING ON: JUNE 08, 2015

DATE RECEIVED	ITEM	SUBJECT	ACTION	FOLLOW UP	FILE REFERENCE
6-1-15	Kittitas Co. MH/DD Advisory Bd Agenda	For June 2, 2015 meeting @ 7 pm , 204 E 6 th Ave, Ellensburg			
6-2-15	Copy of letter from Gene Dana, Kittitas Co Sheriff to Claud Renfro	Re: Speed limit on Nelson Siding Road			
6-2-15	Letter from Ed Wakkuri, KRD Board of Directors Chairman	Urban Eberhart resignation and request BOCC to appoint Mark Hansen, Ellensburg	BOCC	6/16/15 Agenda	
6-2-15	Affidavit of Service to Jeff Slothower	Re: Allwest LLC, appellant vs. Kittitas County, Appellee	BOCC, CDS, PA, FM		
6-2-15	Brief of Kittitas County	Re: Allwest LLC, appellant vs. Kittitas County, Appellee	BOCC, CDS, PA, FM		
6-3-15	Resignation letter from Brandi Greene	Last day will be June 30, 2015	BOCC		
6-3-15	Letter from Tomas Tebb, WA ST DOE Central Regional Director	Re: 2015 Drought conditions	BOCC		
6-4-15	Claim for damages from Tana & Scott Heckly, 341 Southridge Dr., Ellensburg	For replacing broken pipe and gravel around well head	BOCC		
6-5-15	Email from Denise Swafford, Enumclaw	Protect rural Kittitas in our comprehensive plan, and listed his ideas	BOCC, CDS, PA		
6-5-15	Application for appointment from Carrie Youngblood, Roslyn	For Civil Service Commission	BOCC, HR		