

FLORIDA

EMPLOYEE # 00197

EMPLOYEE INFORMATION

NAME LAST JURIGA	FIRST Laurence	MIDDLE R.	ORIGINATING DATE September 21, 2015
ADDRESS			HOME PHONE
DATE OF BIRTH		DATE OF HIRE April 10, 1994	
SOCIAL SECURITY NUMBER		EFFECTIVE DATE September 21, 2015	

DEPARTMENT INFORMATION

423 - POLICE (Chief's Office)	PRESENT JOB TITLE Assistant Police Chief	PRESENT RANGE & STEP 39-9	AMT PER HR. \$58.88
	NEW JOB TITLE UNCL.	NEW RANGE & STEP UNCL.	AMT PER HR. \$61.77

TYPE OF ACTION

APPOINTMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PROBATIONARY CIVIL SERVICE <input type="checkbox"/> PROMOTIONAL <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> REGULAR CIVIL SERVICE <input type="checkbox"/> SUBSTITUTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER (SPECIFY)	PAY CHANGE <input type="checkbox"/> ASSIGNMENT PAY <input type="checkbox"/> END SPECIAL DUTY PAY <input type="checkbox"/> LONGEVITY PAY <input type="checkbox"/> MERIT INCREASE <input checked="" type="checkbox"/> PAY ADJUSTMENT <input type="checkbox"/> SPECIAL DUTY PAY <input type="checkbox"/> OTHER (SPECIFY)	OTHER CHANGE <input type="checkbox"/> EXTENSION OF MERIT <input type="checkbox"/> EXTENSION OF PROBATION <input type="checkbox"/> FMLA LEAVE <input type="checkbox"/> LEAVE WITHOUT PAY <input type="checkbox"/> RETURN FROM LEAVE <input type="checkbox"/> RETURN FROM SUSPENSION <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TRANSFER <input type="checkbox"/> START PENSION <input type="checkbox"/> OTHER (SPECIFY)	SEPARATION <input type="checkbox"/> DECEASED <input type="checkbox"/> DISMISSAL <input type="checkbox"/> END TEMP. ASSIGNMENT <input type="checkbox"/> LAY-OFF <input type="checkbox"/> REMOVAL <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (SPECIFY)
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REMARKS: Pay adjustment in accordance with approval from the City Manager dated September 18, 2015. (Note: See the attached memo for Payment of EEOC-Matter - Charge No. 510-2015-03504)	PAY FOR: _____ VACATION HRS. _____ SICK LEAVE HRS. _____ hrs) _____ TOTAL HOURS: _____
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SIGNATURES

DEPARTMENT HEAD <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	COMMENTS:
PERSONNEL DIRECTOR <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE 9/21/15	
CITY MANAGER <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE 9/22/15.	

Laurence Juriga's Health Insurance Benefits

Monthly Premium:

Family Coverage: \$1,756.27

City Pays: \$788.77

Employee Pays: \$967.50