SONOMA COUNTY SHERIFF'S OFFICE
Personnel/Payroll/Security Change Notice

Employee's Last Name: Paulson **First Name:** Garrett **Middle Name:** _____

HR Recruitment Request # N/A **SO ID#:** 1102452 **eP Position #:** SHF-30-4154-0040

Budget Unit: **From:** SHF-30020300 **To** N/A **Effective Date:** 8/3/2017

Classification:

From: Correctional Deputy To: N/A

Location/Assignment:

From: MADF To: N/A

☐ **New Appointment** ☐ FT ☐ PT # Hours _____ ☐ Extra Help ☐ Intern Paid ☐ Intern Not Paid

☐ **Reinstatement** Probationary _____

☐ **Promotion** ☐ Permanent ☐ Temporary From: _____ To: _____

☐ **Demotion** ☐ Permanent ☐ Temporary From: _____ To: _____

☐ **Transfer** ☐ Permanent ☐ Temporary From: _____ To: _____

☒ **Separation** ☒ Voluntary ☐ Retirement From: _____ To: _____

☐ **Dual Fill Position** Comment: _____

☐ **Premium/Specialty** **Enter "A" to Add** **"D" to Delete**

☐ **Special Assignment**

Other:

☐ **Temporary Status Change**

Other:

☒ **Add/Delete Special Security Access**

Describe Area/Access: Please delete all access Prox: #: 7916

☐ **Change/Establish Shift:** _____ **Days Off**: _____

☒ **Notes/Comments:** Resignation

☐ **Change of Address/Phone:** **Effective Date:** _____ **Notes**: _____

New Address: _____

New Phone: **Home:** _____ **Cell:** _____ **Pager:** _____ **Work:** _____

☐ **Add/Delete Emergency Contact:**

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

☐ **Name Change to:** _____

Note: Employee must process name changes in person with Payroll. Employee must have Social Security Card.

Authorized By: Lt. Darin Dougherty **Submitted by:** Sgt. O. Rodriguez **Date**: 8/3/2017

All Staff Distribution: ☒ **(Sheriff-Le-Staff, Detention Staff)** **Limited Distribution:** ☐ **(Use only per Member Information Change Policy)**

Revised 06/2014