

PROSECUTING ATTORNEY ASSIGNMENT PAYROLL FORM
(Chief Deputy and Deputy Prosecutors)

Required by Administrative Rule 5(C)



PROSECUTOR: _____

COUNTY: _____

Office of Judicial Administration

Select One: Appointment Termination Change in Employment Status

Effective Date: _____

Social Security #: _____ **(New Hires - Attach copy of SS Card & Driver's License)**

EMPLOYEE NAME: _____	
HOME STREET ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
HOME PHONE NUMBER: _____	CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____	DATE OF BIRTH: _____
GENDER: MALE FEMALE	MARITAL STATUS: SINGLE MARRIED DIVORCED
WORK STREET ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
WORK PHONE NUMBER: _____	

Select Position	Select One
Chief Deputy Prosecutor (State-Paid)	
Deputy Prosecutor (State-Paid)	Part-time Full-time

Name of employee being replaced: _____

Prosecuting Attorney's Signature

Date

Completed form should be returned at least two weeks PRIOR to effective date to:
Office of Judicial Administration, Attn: Payroll, 251 N Illinois St, Ste 1600, Indianapolis, IN 46204 or
scanned and emailed to: Valerie.Brooks@courts.IN.gov. (If two-week's notice is not feasible, form should be
scanned and emailed as soon as change in employment is known.) Copies of this form are also available at:
<http://www.in.gov/judiciary/admin/2458.htm>.