State Court Administration Payroll Form

Submitted according to Indiana Administrative Rule 5(c)

I,_____, ☐ Judge, ☐ Prosecutor of _(Select One)_____ County hereby affirm the:

(**Check one of the following:**)

☐ Ongoing Employment of:	
☐ Appointment of:	☐ Termination from Employment of:
☐ Job Change of: (i.e. Deputy Prosecutor to Chief Deputy Prosecutor)	☐ Transfer From Different Agency of: (i.e. Attorney General's Office to Prosecutor's Office)

Employee's Name:
Home Address/Phone Number:
Work Address/Phone Number:
Social Security Number:

to/vacating the position of: **(Check one: For Appointment, Job Change or Transfer check box for position person is going to. For Termination check box for position person is vacating.)**

(State Paid Positions) ☐ Part-time ☐ Full-time Magistrate	(Check One - ☐ **Paid** OR ☐ **Not Paid** by State Funds**)** ☐ Part-time ☐ Full-time Small Claims Referee
☐ Part-time ☐ Full-time Juvenile Magistrate	**(Positions NOT paid by State Funds)**
☐ Part-time ☐ Full-time Chief Deputy Prosecutor	☐ Part-time ☐ Full-time Hearing Officer
☐ Part-time ☐ Full-time Deputy Prosecutor	☐ Part-time ☐ Full-time Commissioner

to be effective _____. I further affirm that such person is entitled to compensation as provided by law, based on the information provided above.

For Appointment, Job Change or Transfer, provide the name of employee being replaced: _____

List the specific court(s) the employee will be serving: _____

Provide the number of days the employee will be working per week: _____

_____ Date: _____

Judge's / Prosecuting Attorney's Signature

_____

Judge's / Prosecuting Attorney's Printed Name

Please complete and return this original form to: Division of State Court Administration, 30 South Meridian St., Suite 500, Indianapolis, IN 46204, at least <u>two weeks prior</u> to commencement or termination of employment (or as soon as you are aware of the employee's termination date if a two week notice is not feasible). Faxed forms are not acceptable.