

PAYROLL CHANGE REQUEST

TO: Polk County Managers Office

Please enter the following changes in your records.

Effective Date: 050296

Employee Name ANTHONY STUART ROBERSON

Social Security # [REDACTED]

Changes (Check All Applicable Boxes)

	From	To
Department Name:	_____	_____
Position:	<u>TAILER</u>	_____
Grade/Step:	<u>15/1</u>	_____
Salary:	<u>14,728</u>	_____

Reasons for Change

- | | |
|---|---|
| <input checked="" type="checkbox"/> New Hire | <input type="checkbox"/> Probation Period Ended |
| <input type="checkbox"/> Re-Hire | <input type="checkbox"/> Certification Completed |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Re-valuation of Position |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> Leave of absence: from _____ to _____. | |
| <input type="checkbox"/> Other reason: _____ | |

Change requested by: Bayer & Corwell Date: 050296
Department Head/Supervisor

Change approved by: [Signature] Date: 5-9-96
County Manager

The Board of Commissioners must approve the hiring of any employee above the midpoint of their pay range.

PAYROLL CHANGE REQUEST

TO: Polk County Managers Office

Please enter the following changes in your records.

Effective Date: June 10 1996

Employee Name Anthony Stuart Roberson

Social Security # ~~XXXXXXXXXX~~

Changes (Check All Applicable Boxes)

	From	To
Department Name:	<u>Jail</u>	<u>Sheriff Dept</u>
Position:	<u>Jailer</u>	<u>Deputy</u>
Grade/Step:	_____	<u>17/1</u>
Salary:	_____	<u>16238</u>

Reasons for Change

- | | |
|---|---|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Probation Period Ended |
| <input type="checkbox"/> Re-Hire | <input type="checkbox"/> Certification Completed |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Re-valuation of Position |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Resignation |
| <input checked="" type="checkbox"/> Transfer | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> Leave of absence: from _____ to _____. | |
| <input type="checkbox"/> Other reason: _____. | |

Change requested by: Boyer & Casswell Date: _____
Department Head/Supervisor

Change approved by: W. K. Bailey Date: 6-21-96
County Manager

The Board of Commissioners must approve the hiring of any employee above the midpoint of their pay range.

PAYROLL CHANGE REQUEST

TO: Polk County Managers Office

Please enter the following changes in your records.

Effective Date: 110296

Employee Name Toney ROBERSON

Social Security # ~~██████████~~

Changes (Check All Applicable Boxes)

	From	To
Department Name:	<u>POLK Co SD</u>	_____
Position:	<u>Deputy</u>	_____
Grade/Step:	<u>17/1</u>	<u>17/3</u>
Salary:	<u>16,734</u>	<u>17,581</u>

Reasons for Change

- | | |
|---|--|
| <input type="checkbox"/> New Hire | <input checked="" type="checkbox"/> Probation Period Ended |
| <input type="checkbox"/> Re-Hire | <input type="checkbox"/> Certification Completed |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Re-valuation of Position |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> Leave of absence: from _____ to _____. | |

Other reason: Probation Raise

Change requested by: Bayer & Carroll Date: 11/29/96
Department Head/Supervisor

Change approved by: [Signature] Date: 11/13/96
County Manager

The Board of Commissioners must approve the hiring of any employee above the midpoint of their pay range.

September 17, 1997

Dear Sheriff Carswell:

After serious consideration, I have reached a decision to resign from my position as deputy sheriff with Polk County Sheriff's Department, effective September 30. I hope you will understand my decision in view of my personal financial obligations. I feel that greater earning potential will be available to me with Liberty Life Insurance Company.

My year and a half with Polk County has been pleasant. I have enjoyed working with you and have found you to be a very fair person and a credit to your profession, and I regret very much the necessity of leaving because of extreme economic pressures.

I wish you a very happy retirement. You will be greatly missed.

Sincerely,

A handwritten signature in cursive script that reads "Tony Roberson". The signature is written in dark ink and is positioned above the typed name.

Tony Roberson

PAYROLL CHANGE REQUEST

TO: Polk County Managers Office

Please enter the following changes in your records.

Effective Date: September 30, 1997

Employee Name Tony Roberson

Social Security # ~~XXXXXXXXXX~~

Changes (Check All Applicable Boxes)

	From	To
Department Name:	_____	_____
Position:	_____	_____
Grade/Step:	_____	_____
Salary:	_____	_____

Reasons for Change

- | | |
|---|---|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Probation Period Ended |
| <input type="checkbox"/> Re-Hire | <input type="checkbox"/> Certification Completed |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Re-valuation of Position |
| <input type="checkbox"/> Demotion | <input checked="" type="checkbox"/> Resignation |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Terminated |

Leave of absence: from _____ to _____.

Other reason: _____.

Change requested by: Dave J. Carwell Date: 9-30-97
Department Head/Supervisor

Change approved by: [Signature] Date: 10/9/97
County Manager

The Board of Commissioners must approve the hiring of any employee above the midpoint of their pay range.

PAYROLL CHANGE REQUEST

TO: Polk County Managers Office

Please enter the following changes in your records

Effective Date: 3-26-98

Employee Name: Anthony S. Roberson

Social Security #: [REDACTED]

CHANGES (Check All Applicable Boxes)

	FROM	TO
Department Name:	<u>Sheriff</u>	_____
Position:	<u>Deputy</u>	_____
Grade/Step:	<u>17/3</u>	_____
Salary:	<u>10.26 per hour</u>	_____

REASON FOR CHANGE

- New Hire
- Re-Hire
- Promotion
- Demotion
- Transfer
- Merit Increase
- Leave of Absence: from _____ to _____
- Other Reason: temp. pit time
- Probation Period Ended
- Certification Completed
- Re-valuation of Position
- Resignation
- Retirement
- Terminated

Change Requested By: [Signature] Date: 3-24-98
Department Head/Supervisor

Change Approved By: [Signature] Date: 3-24-98
County Manager

The Board of Commissioners must approve the hiring of any employee above the midpoint of their pay range.

PAYROLL CHANGE REQUEST

TO: Polk County Managers Office

Please enter the following changes in your records

Effective Date: 7 December 1998

Employee Name: Roberson, Anthony S.

Social Security #: [REDACTED]

CHANGES (Check All Applicable Boxes)

	FROM	TO
Department Name:	_____	<u>Polk Co. Sheriff Dept.</u>
Position:	_____	<u>Deputy</u>
Grade/Step:	_____	<u>17/3</u>
Salary:	_____	<u>22,458</u>

*Deputy
old 6/1 step*

REASON FOR CHANGE

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> New Hire | _____ Probation Period Ended |
| _____ Re-Hire | _____ Certification Completed |
| _____ Promotion | _____ Re-valuation of Position |
| _____ Demotion | _____ Resignation |
| _____ Transfer | _____ Retirement |
| _____ Merit Increase | _____ Terminated |
| _____ Leave of Absence: from _____ to _____ | |
| _____ Other Reason: _____ | |

Change Requested By: Darish S. [Signature] Date: 12-7-98
Department Head/Supervisor

Change Approved By: [Signature] Date: 12-7-98
County Manager

The Board of Commissioners must approve the hiring of any employee above the midpoint of their pay range.

POLK COUNTY GOVERNMENT EMPLOYEE HISTORY

DEPARTMENT NAME Sheriff DEPARTMENT NUMBER 4310
EMPLOYEE NAME Anthony S. Roberson
SOCIAL SECURITY # [REDACTED] DATE OF BIRTH [REDACTED]
ADDRESS [REDACTED]
SEX [REDACTED] RACE [REDACTED] MARITAL STATUS [REDACTED]
RETIREMENT NUMBER 364127 TELEPHONE NUMBER _____
EMPLOYMENT DATE 12-7-98 GRADE 17 STEP 3
SEMI-MONTHLY RATE 956.58 EFFECTIVE DATE 12-7-98
MONTHLY RATE 1913.16
OLD SEMI-MONTHLY RATE _____ EFFECTIVE DATE _____
PAY FREQUENCY 5 OVERTIME TYPE N BASE HOURS 86.67
FEDERAL EXEMPTIONS [REDACTED] ADDITIONAL FEDERAL W/H _____
STATE EXEMPTIONS [REDACTED] ADDITIONAL STATE W/H _____
JOB TITLE Deputy
CURRENT ANNUAL SALARY 22958.00 CURRENT HOURLY RATE 11.03
OLD ANNUAL SALARY _____ OLD HOURLY RATE _____
TERMINATION DATE _____
FLEXBENEFIT MEDICAL _____ 401(K) LOAN _____
CREDIT UNION _____ OCCIDENTAL _____
DEFERRED COMP _____ OCCIDENTAL LIFE _____
PIC _____ GUARDIAN _____
GARNISHMENT 130.00 BCBS MEDICAL _____
NEW YORK LIFE _____ BCBS LIFE _____
401(K) _____ HEALTH CLUB _____
CAR ALLOWANCE _____ FLEXBENEFIT DAY CARE _____