

AGENDA

All items are for discussion and possible action.
Perquimans County Board of Commissioners
Perquimans County Library Program Room
January 5, 2026
7:00 p.m.

I.	Call to Order
II.	Prayer & Pledge
III.	Approval of Agenda
IV.	Consent Agenda <i>(Consent items as follows will be adopted with a single motion, second and vote, unless a request for removal of an item or items is made by a Commissioner or Commissioners.)</i>
ACTION REQUIRED	<ul style="list-style-type: none">A. Approval of Minutes December 1, 2025, Regular Meeting and December 15, Special Called MeetingB. Tax Refund & Tax Release ApprovalsC. Personnel Matters<ul style="list-style-type: none">1. Reclassification: County Manager2. Appointment: Deputy Director of Elections3. Step Increase: Certified Deputy4. Merit Increase: Water Tech I5. Merit Increase: Telecommunicator6. Merit Increase: AEMT I (2)7. Grade Increase: Uncertified Sworn Deputy8. Grade Increase: Uncertified Sworn Deputy9. Resignation: Paramedic II10. Retirement: County ManagerD. Board Appointment<ul style="list-style-type: none">1. Agricultural Advisory Committee
NO ACTION REQUIRED	V. Introduction of New Employees & Recognition of Service <ul style="list-style-type: none">1. Recognition of Service<ul style="list-style-type: none">a. Sheriff (2)b. Waterc. Recreationd. Tax2. Introduction of New Employees<ul style="list-style-type: none">a. Sheriffb. Social Services
NO ACTION REQUIRED	VI. Scheduled Appointments <ul style="list-style-type: none">1. Bill Jennings - KeyStone Tax Software Launch Date 7:00 p.m.
NO ACTION REQUIRED	VII. Commissioner's Concerns/Committee Reports <ul style="list-style-type: none">A.

POSSIBLE ACTION REQUIRED	VIII.	Old Business A. Updates from County Manager
	IX.	New Business A. Bank Resolutions
NO ACTION REQUIRED	X.	Unscheduled Appointments/Public Comments <i>(If you wish to address the Board, please state your name for the record prior to speaking)</i> A. B. C.
	XI.	Closed Session: Per N.C.G.S. §143-318-11 (6), a closed session will be held to discuss a personnel matter. <i>(After the Closed Session, the Board is subject to return to Open Session and may take action as needed on any items discussed during the closed session.)</i>
ACTION REQUIRED	XII.	Adjournment

PERQUIMANS COUNTY RELEASES

ANNA MICHELLE SHOPE \$1379.24
HOME WAS BEING TAXED TWICE. ONCE ON HER
PROPERTY ON WOODVILLE RD (ERROR). ONCE ON
HER HOMESITE ON DEMPSY WHITE RD
ACCOUNT#: 420423

PERQUIMANS COUNTY REFUNDS

ANNA MICHELLE SHOPE \$208.52
SQUARE FOOTAGE WAS INCORRECT.
ACCOUNT#: 538570

TOWN OF HERTFORD RELEASES

JOE TOWE WHITE \$376.16
BUILDING IS IN TERRIBLE SHAPE.
SHOULD HAVE BEEN REDUCED DURING REVAL
ACCOUNT#: 359934

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 12/15/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE/ RECLASSIFICATION

NAME: Brandon Shoaf SOC. SEC. NO.: _____POSITION: County Manager DEPT.: County Manager NEW EMPLOYEE EFFECTIVE DATE: 1/1/2026GRADE: 83 STEP: 13 SALARY: \$119,848ENDING DATE OF PROBATIONARY PERIOD: 1/1/2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

 _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
Date TIONARY PERIOD. _____ DATE OF EMPLOYEE RESIGNATION/TERMINATION.
Date _____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN
SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____
PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTRY MANAGER APPROVAL

DATE: _____

DATE: _____

FINANCE OFFICER

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 2/19/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE/ RECLASSIFICATION

NAME: Kayla Shiff

SOC. SEC. NO.: _____

POSITION: Deputy DirectorDEPT.: Elections (94-30) NEW EMPLOYEE EFFECTIVE DATE: Jan. 1, 2025GRADE: 58 STEP: 4 SALARY: \$32,025ENDING DATE OF PROBATIONARY PERIOD: Jan. 5, 2026

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

 _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
TIONARY PERIOD.
Date _____ DATE OF EMPLOYEE RESIGNATION/TERMINATION.
Date _____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN
SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____
PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

Robbin S. Cherry
DATE: 2/19/2025

COUNTY MANAGER APPROVAL

R. S. S.
DATE: 12-22-2025

FINANCE OFFICER

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 12/12/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Cole Tully Langley _____ SOC. SEC. NO.: _____

POSITION: Certified Deputy _____ DEPT.: Sheriff's Office _____

 NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 68 _____ STEP: 1 _____ SALARY: \$45,303 _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

 _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.

GRADE: _____ STEP: _____ SALARY: _____

 1/1/26 _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR ② 3 4)

GRADE: 68 _____ STEP: 2 _____ SALARY: \$46,437 _____

 _____ DATE OF EMPLOYEE TERMINATION
Date _____ DATE OF EMPLOYEE RESIGNATION
Date _____ DATE OF REMOVAL FROM ROSTER
Date _____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.

Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY
LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER
THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION



DATE: 12-12-25

COUNTRY MANAGER APPROVAL



DATE: 12-16-2025

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Vincent Borkelman

SOC. SEC. NO.: _____

POSITION: Water Tech IDEPT.: Water NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

 _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION
Date _____ DATE OF EMPLOYEE RESIGNATION
Date _____ DATE OF REMOVAL FROM ROSTER
Date 1/1/2026 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 58 STEP: 10 SALARY: \$37,075THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY
LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: 11/1/2025 PER
THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

DATE: 12/31/2025DATE: 12-31-2025

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 1-2-2026

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Kylie Felton

SOC. SEC. NO.: _____

POSITION: Part Time Certified Telecommunicator IIDEPT.: 911 NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

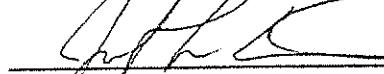
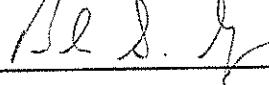
CURRENT: GRADE: _____ STEP: _____ SALARY: _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

 _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
Date TIONARY PERIOD. _____ DATE OF EMPLOYEE RESIGNATION
Date 1-1-2026 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.Date GRADE: 66 STEP: 14 SALARY: \$ 27.95 HourlyTHE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY
LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____
PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

DATE: 1-2-26*****
COUNTRY MANAGER APPROVALDATE: 1-2-26

FINANCE OFFICER

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 1-2-2026

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Chilli Moore

SOC. SEC. NO.: _____

POSITION: Full Time AEMT I

DEPT.: _____

EMS

 NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

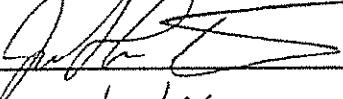
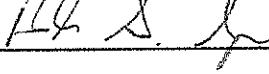
CURRENT: GRADE: _____ STEP: _____ SALARY: _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

 _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
RAISE. (YEAR 1 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
TIONARY PERIOD. _____ DATE OF EMPLOYEE RESIGNATION
DateX 1-1-2026 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 66 STEP: 3 SALARY: \$ 21.36 HourlyTHE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY
LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____
PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION


DATE: 1/2/26*****
COUNTY MANAGER APPROVAL
DATE: 1-2-2026

FINANCE OFFICER

DATE: _____

Revised 7/05

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 1/2/2026

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Ariana Ward

SOC. SEC. NO.: _____

POSITION: Full Time AEMT I

DEPT.: _____

EMS

 NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

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Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
TIONARY PERIOD.
Date _____ DATE OF EMPLOYEE RESIGNATION
Date

X 1-1-2026 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 66 STEP: 3 SALARY: \$21.36 Hourly

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY
LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____
PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

DATE: 1/2/26DATE: 1-2-2026

FINANCE OFFICER

DATE: _____

Revised 7/05

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Gabriel Austin Everett _____ SOC. SEC. NO.: _____

POSITION: Uncertified Sworn Deputy _____ DEPT.: Sheriff's Office _____

 NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 65 _____ STEP: 1 _____ SALARY: \$39,699 _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

 _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION
Date _____ DATE OF EMPLOYEE RESIGNATION
Date _____ DATE OF REMOVAL FROM ROSTER
Date◆ 1-1-2026 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 66 STEP: 1 SALARY: \$41,488THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY
LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER
THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

Shelton Whit

DATE: 12-22-25

COUNTY MANAGER APPROVAL

B. S. M.

DATE: 12-29-2025

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Nathan Christopher McKecuen _____ SOC. SEC. NO. _____

POSITION: Uncertified Sworn Deputy _____ DEPT.: Sheriff's Office _____

 NEW EMPLOYEE EFFECTIVE DATE: _____

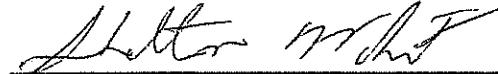
GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

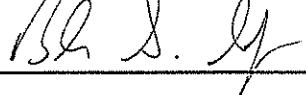
CURRENT: GRADE: 65 _____ STEP: 1 _____ SALARY: \$39,699 _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

 _____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION
Date _____ DATE OF EMPLOYEE RESIGNATION
Date _____ DATE OF REMOVAL FROM ROSTER
Date◆ 1-1-2026 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 66 STEP: 1 SALARY: \$41,488THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY
LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER
THE COUNTY PERSONNEL POLICY.*****
DEPARTMENT RECOMMENDATION

DATE: 12-22-25

COUNTY MANAGER APPROVAL

DATE: 12-29-2025

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 12/09/2025

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: William Mitchell SOC. SEC. NO.: _____POSITION: Full Time Paramedic II DEPT.: EMS NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

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Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
Date TIONARY PERIOD. 12-31-2025 DATE OF EMPLOYEE RESIGNATION

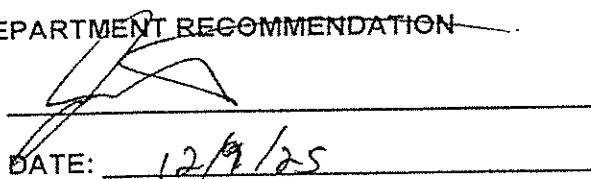
Date

 _____ DATE OF REMOVAL FROM ROSTER

Date

 _____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY
LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____
PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

DATE: 12/19/25

COUNTY MANAGER APPROVAL

DATE: 12-19-2025

FINANCE OFFICER

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 12/31/2025

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE/ RECLASSIFICATION

NAME: William Heath SOC. SEC. NO.: _____POSITION: County Manager DEPT.: County Manager NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

 JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

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GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____ _____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
TIONARY PERIOD.
Date 01/01/2026 DATE OF EMPLOYEE RETIREMENT.

Date

 _____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN
SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____
PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL



DATE: _____

DATE: 1-2-2026

FINANCE OFFICER

DATE: _____