

COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

#286  
h E  
B-12

**EMPLOYEE / APPLICANT INFORMATION**

Effective Date of Action: 8.2.23

Name: Hale, Jr. Gary Allen

Address: [Redacted]

Cell / Phone Number: [Redacted]

Email Address: ghale@colletoncounty.org

Social Security Number: [Redacted]

Department / Agency / Office: \_\_\_\_\_

Payroll Account Number: \_\_\_\_\_

Payroll Manager: \_\_\_\_\_

Position / Job Classification and Pay Date:

Position Name: Lead Child Support Court Deputy Clerk

Category / Position #: DCDC 1A

Grade: 11

Hourly Rate: [Redacted]

Annual Salary: \$ \_\_\_\_\_

Workweek: \_\_\_\_\_

Shift / Hours per Day: \_\_\_\_\_

Cycle: \_\_\_\_\_

Exempt / Salaried  Non-Exempt / Hourly

[Redacted Signature] 07-25-2023  
Date

**Type of Transaction**  
(Check applicable items):

New Employee  Regular Employee  PRN

Probationary: Initial 6-month  Transfer / Extension 3 month

Full Time  End of Probation  Part-time

Non-Guaranteed Hours / Convenience of the County

Temporary  Type \_\_\_\_\_

Provisional Timeframe: \_\_\_\_\_

Transfer:  Old Position #: \_\_\_\_\_

Other: TRANSFER TO FULL-TIME

**Salary Changes** raise to

Merit  Reclassification  Demotion  Promotion

Other

Suspension  Number of Days: \_\_\_\_\_

Suspension with Pay  Suspension without Pay

Leave / Time \_\_\_\_\_

Remarks: **RECEIVED**  
AUG - 2 2023  
COLLETON COUNTY HUMAN RESOURCES

**\*\*Documentation must be attached for all salary changes\*\***

**Termination Action**  
(Check applicable items):

Resignation of status  Resignation w/o status

Layoff  Retiring  Disciplinary  Probation/Reject

Terminated at the Pleasure of Elected Official

Other  \_\_\_\_\_

Additional Remarks:

**\*\*Documentation must be attached for all salary changes\*\***

**DEPARTMENTAL REVIEW:**

Division Head / Supervisor: \_\_\_\_\_ Date: 7/26/23

[Redacted Signature] \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL REVIEW:**

Human Resource Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_

County Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* ALL PAYROLL CHANGES MUST BE GIVEN TO EMPLOYEES IN WRITING AND REVIEWED BY THE COUNTY ADMINISTRATOR\*\***





Deadgrea Sadler <dsadler@colletoncounty.org>

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**Gary Hale (#2863)**

1 message

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**Deadgrea Sadler** <dsadler@colletoncounty.org>  
To: Michelle Benton <mbenton@colletoncounty.org>

Mon, Aug 14, 2023 at 11:02 AM

Hey Michelle,

Happy Monday!! I hope you are doing well! Gary was promoted to Deputy Clerk. I have made the changes in SmartFusion, can you update TimeClock? He went from hourly (██████) to salaried (██████)

Let me know if you need me to do anything else...have a GREAT day!

Thank you!

**Deadgrea C. (Dea) Sadler, Director**

Colleton County Government

Human Resource Department

PO Box 157 ~ 31 Klein Street

Harrelson Bldg. Rm. 212 ~ Walterboro, SC 29488

P: (843) 549-5221 Opt. #2 ~ : (843) 549-7215

www.colletoncounty.org ~ dsadler@colletoncounty.org

COURTESY OF  
LUNA SHARK MEDIA

COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

#2863

EMPLOYEE / APPLICANT INFORMATION	Type of Transaction (Check applicable items):																											
Effective Date of Action: <u>01-04-2023</u>	New Employee <input checked="" type="checkbox"/> Regular Employee <input type="checkbox"/> PRN <input type="checkbox"/>																											
Name: <u>Hale, Jr. Gary Allen</u>	Probationary: Initial 6-month <input type="checkbox"/> Transfer / Extension 3-month <input checked="" type="checkbox"/>																											
Address: <u>[REDACTED]</u>	Full Time <input checked="" type="checkbox"/> End of Probation <input type="checkbox"/> Part-time <input type="checkbox"/>																											
Cell /Phone Number: <u>[REDACTED]</u>	Non Guaranteed Hours / Convenience of the County <input type="checkbox"/>																											
Email Address: <u>ghale@colletoncounty.org</u>	Temporary <input type="checkbox"/> Type: _____																											
Social Security Number: <u>[REDACTED]</u>	Provisional Timeframe: _____																											
Department / Agency / Office: _____	Transfer <input type="checkbox"/> Old Position #: _____																											
Payroll Account Number: <u>100-412-412-40-1100-0000</u>	Other: _____																											
Payroll Manager: _____	<b>Salary Changes Due to:</b>																											
Position / Job Classification and Pay Data:	Merit <input type="checkbox"/> Reclassification <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/>																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:50%;">Present</th> <th style="width:50%;">Proposed</th> </tr> </thead> <tbody> <tr> <td>Position Name</td> <td>lead child support specialist</td> <td></td> </tr> <tr> <td>Category / Position #</td> <td></td> <td></td> </tr> <tr> <td>Grade</td> <td>5</td> <td></td> </tr> <tr> <td>Hourly Rate</td> <td>[REDACTED]</td> <td></td> </tr> <tr> <td>Annual Salary</td> <td></td> <td></td> </tr> <tr> <td>Workweek</td> <td></td> <td></td> </tr> <tr> <td>Shift / Hours per Day</td> <td>8</td> <td></td> </tr> <tr> <td>Cycle</td> <td></td> <td></td> </tr> </tbody> </table>		Present	Proposed	Position Name	lead child support specialist		Category / Position #			Grade	5		Hourly Rate	[REDACTED]		Annual Salary			Workweek			Shift / Hours per Day	8		Cycle			Other <input type="checkbox"/>
	Present	Proposed																										
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Category / Position #																												
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Employee / Candidate's Signature: <u>[REDACTED]</u> Date: <u>01-05-23</u>	Suspension with Pay <input type="checkbox"/> Suspension without Pay <input type="checkbox"/>																											
<b>DEPARTMENTAL REVIEW:</b>	Leave / Timeframe: _____																											
Division Head / Supervisor: <u>[REDACTED]</u> Date: <u>1-5-23</u>	Remarks: _____																											
[REDACTED] Date: <u>1-5-23</u>	<b>**Documentation must be attached for all salary changes**</b>																											
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	Finance Director _____ Date _____																											
	County Administrator _____ Date _____																											

\*\* ALL PAYROLL CHANGES MUST BE GIVEN TO EMPLOYEES IN WRITING AND REVIEWED BY THE COUNTY ADMINISTRATOR\*\*

GARY ALLEN HALE JR

EMPLOYEE ID: 2863

PHONE:

EMAIL:

DIRECT DEPOSIT EMAIL: ghale@colletoncounty.org

Demographics & Salary Tax Information

DATE OF BIRTH  
 RACE W  
 SEX M  
 DATE OF EMPLOYMENT 02/13/2012  
 PR DATE INACTIVATED  
 CLASS 7720 JAIL/SHERIFF  
 DEPARTMENT 421 SHERIFF DEPARTMENT  
 LOCATION 421-05 CC SHERIFF'S OFFICE  
 CATEGORY CPL3A CORPORAL/TRANSPORT  
 JOB TITLE  
 SALARY CLASS 8 GRADE 8  
 TOTAL YEARS EXPERIENCE 10  
 TYPE OF EMPLOYEE HOURLY  
 PAY PERIOD B BIWEEKLY  
 HOURS/PAY PERIOD 86.00  
 SUPERVISOR ROBERTS, ANTHONY LEE  
 PAY GRADE  
 PAY STEP

PAY RATE  
 PAY RATE EFFECTIVE DATE  
 ANNUAL TAX SALARY  
 OVERTIME FACTOR 1.50  
 EMPLOYMENT STATUS F  
 TAX STATUS M  
 FEDERAL EXEMPTIONS 1  
 STATE EXEMPTIONS 1  
 ADDITIONAL FEDERAL TAX  
 ADDITIONAL STATE TAX  
 FICA WITHHOLDING Y  
 EARNED INCOME CREDIT 0  
 LOCAL TAX CODE  
 CONTRACT DAYS - STANDARD: 260  
 CURRENT: 260  
 BUDGETED ANNUAL SALARY  
 DAILY RATE  
 LEAVE ACCRUAL DATE 2/13/2012

DAILY HOURS 8.60 RATE

Notes:

Deduction Information

DED CODE/DESC	EMPLOYER COST	STD AMT	CURRENT AMT
PORS POLICE RETIREMENT	20.24%	9.75%	9.75%

Leave Information

LEAVE CODE/DESC	ACCUM RATE	PRIOR BAL	YTD EARNED	YTD USED	BALANCE
V86 VACATION (86)	4.9700	172.0000	117.7000	99.4500	190.2500
S86 SICK LEAVE (86)	3.9700	319.8000	55.5800	156.9500	218.4300

Direct Deposit Information

CODE	BANK ACCT NUMBER	ROUTING NUMBER	TYPE	DEPOSIT AMT
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# COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

EMPLOYEE / APPLICANT INFORMATION	Type of Transaction (Check applicable items):
Effective Date of Action: _____	New Employee <input checked="" type="checkbox"/> Regular Employee <input type="checkbox"/> PRN <input type="checkbox"/>
Name: <u>Hale, Jr. Gary Allen</u> <small>(last) (first) (middle)</small>	Probationary: Initial 6-month <input type="checkbox"/> Transfer / Extension 3-month <input checked="" type="checkbox"/>
Address: _____ <small>(city) (state) (ZIP)</small>	Full Time <input type="checkbox"/> End of Probation <input type="checkbox"/> Part-time <input type="checkbox"/>
Cell /Phone Number: _____	Non-Guaranteed Hours / Convenience of the County <input type="checkbox"/>
Email Address: <u>ghale@colletoncounty.org</u>	Temporary <input type="checkbox"/> Type _____
Social Security Number: _____	Provisional Timeframe: _____
Department / Agency / Office: _____	Transfer <input type="checkbox"/> Old Position #: _____
Payroll Account Number: _____	Other: _____
Payroll Manager: _____	<b>Salary Changes Due to:</b>
Position / Job Classification and Pay Data:	Merit <input type="checkbox"/> Reclassification <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/>
Present                      Proposed	Other <input type="checkbox"/>
Position Name: <u>Lead Child Support Specialist</u>	Suspension <input type="checkbox"/> Number of Days: _____
Category / Position #: _____	Suspension with Pay <input type="checkbox"/> Suspension without Pay <input type="checkbox"/>
Grade: <u>5</u>	Leave / Timeframe _____
Hourly Rate: _____	Remarks
Annual Salary: _____	
Workweek: _____	**Documentation must be attached for all salary changes**
Shift / Hours per Day: <u>8</u>	<b>Termination Action</b> (Check applicable items):
Cycle: _____	Resignation w/ status <input type="checkbox"/> Resignation w/o status <input type="checkbox"/>
Exempt / Salaried <input type="checkbox"/> Non-Exempt / Hourly <input type="checkbox"/>	Layoff <input type="checkbox"/> Rating <input type="checkbox"/> Disciplinary <input type="checkbox"/> Probation/Reject <input type="checkbox"/>
Employee / Candidate's Signatures: _____	Terminated at the Pleasure of Elected Official <input type="checkbox"/>
Date: <u>12-30-22</u>	Other <input type="checkbox"/> _____
<b>DEPARTMENTAL REVIEW:</b>	Additional Remarks:
Division Head / Supervisor: _____	**Documentation must be attached for all salary changes**
Date: <u>12-30-2022</u>	<b>FINAL REVIEW:</b>
Department Head / Elected Official: _____	Human Resource Manager: _____ Date: _____
Date: <u>12-30-2022</u>	Finance Director: _____ Date: _____
County Administrator: _____	County Administrator: _____ Date: _____

\*\* ALL PAYROLL CHANGES MUST BE GIVEN TO EMPLOYEES IN WRITING AND REVIEWED BY THE COUNTY ADMINISTRATOR \*\*

**CONDITIONAL OFFER OF EMPLOYMENT**

To: Gary Hale, Jr. (Selected Applicant's Name)

From: Rebecca H. Hill  
Department Head's / Elected Official's Name  
Colleton County Government (Department Name)

Ref: Lead Child Support Specialist (Position Name)

Date:

As the individual chosen that most closely fulfills the required qualifications for the position of Lead Child Support Specialist, you are being extended a conditional offer of employment with a tentative start date of Wed, Jan. 4, 2023. Your hourly rate of pay/ salary will be \$ [REDACTED]. Per Colleton County Government's Personnel Policy Section 5.5, this offer is contingent upon completion of all the identified prerequisites and final approval by administration.

**Required Prerequisites: (Only include those that apply to your position)**

- ✓ Valid driver's license
- ✓ Certified copy of driving record (if job requires)
- ✓ Verification of background information
- ✓ Reference checks (optional)
- ✓ Pre-Employment Background Check (required for **ALL** positions, **Satisfactory Results**)
- ✓ Pre-employment Drug Testing (required for **ALL** positions, **Negative Result**)
- ✓ Certifications (if job requires)
- ✓ I-9 Support (required for **ALL** positions, see attached lists)
- ✓ Other \_\_\_\_\_

Colleton County Government's Human Resources Director will contact you on the day that you have been scheduled to report for the drug screen. If you have not tested and reported back to H. R. with the chain of custody report from the Alcohol and Drug Commission by the close of business on the same day of testing, the conditional offer of employment may be withdrawn. Please provide us with good contact phone numbers. If you have any questions you may contact me at (000) 000-0000 or Human Resources at (843) 549-5221.

[REDACTED]

Department Head/Appointed/Elected Official

12/30/2022  
Date

[REDACTED]

12-30-22

My signature above acknowledges my receipt & acceptance of all conditions of the employment offer Date



Deadgrea Sadler <dsadler@colletoncounty.org>

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**Scanned from Colleton County Common Pleas.**

1 message

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xeroxscan@colletoncounty.org <xeroxscan@colletoncounty.org>  
Reply-To: Xeroxscan@colletoncounty.org  
To: lhayes@colletoncounty.org, dsadler@colletoncounty.org

Tue, Jan 3, 2023 at 4:31 PM

Please open the attached document. It was sent to you using a Xerox multifunction printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: Colleton County Common Pleas  
Multifunction Printer Name: XRX9C934E9B2772

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

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 Scanned from Colleton County Common Pleas..pdf  
54K

COURTESY OF  
LUNA SHARK MEDIA





Deadgrea Sadler <dsadler@colletoncounty.org>

## Approval for new FC Hire salary

2 messages

Rebecca Hill <rhill@colletoncounty.org>

Fri, Dec 30, 2022 at 4:07 PM

To: "J. Kevin Griffin" <kgriffin@colletoncounty.org>, Meagan Utsey <mutsey@colletoncounty.org>

Cc: Jon Carpenter <jcarpenter@colletoncounty.org>, Deadgrea Sadler <dsadler@colletoncounty.org>, Laura Hayes <lhayes@colletoncounty.org>

Kevin and Meagan,

I am restructuring my Family Court area. In doing so, I would like to hire Gary Hale for the FT Lead Child Support Specialist position and take [REDACTED]

I am informed that the high range for this position is [REDACTED] and is a Grade 5, which is a high end of the salary range. (I have another employee on the General Sessions side that is a Grade 5 at this same salary, Lori Weiss. )

Gary brings more years of experience, and professionalism for this position, as well as an enhanced computer skill set. He knows the courtroom, judges, lawyers and how to handle the public. He will also be learning the scheduling as well, which will expand his job description.

( I would like to also request that this position be regraded for the new budget year with an increase in salary to [REDACTED] for the job duties it will entail to be effective July 1st, 2023. )

Thank you for your consideration. I would like to hear back from you as soon as possible so that I will know whether I can implement these changes.

**Rebecca "Becky" H. Hill**

Clerk of Court

Colleton County

P.O. Box 620

Walterboro, SC 29488

(843) 549-5791 Ext. 1101

Cell: (843) 908-1462

Meagan Utsey <mutsey@colletoncounty.org>

Wed, Jan 4, 2023 at 11:37 AM

To: Rebecca Hill <rhill@colletoncounty.org>

Cc: "J. Kevin Griffin" <kgriffin@colletoncounty.org>, Jon Carpenter <jcarpenter@colletoncounty.org>, Deadgrea Sadler <dsadler@colletoncounty.org>, Laura Hayes <lhayes@colletoncounty.org>

Becky:

You can hire Gary up to his current hourly rate at the jail, which is [REDACTED]

Thanks,

**Meagan Utsey**

Administrative Services Director

COLLETON COUNTY  
EMPLOYEE MASTER SHEETS

GARY ALLEN HALE JR

EMPLOYEE ID: 2863

SCANNED

PHONE: [REDACTED]

Demographics & Salary Tax Information

DATE OF BIRTH [REDACTED]  
 RACE W  
 SEX M  
 DATE OF EMPLOYMENT 02/13/2012  
 PR DATE INACTIVATED  
 CLASS 7720 JAIL/SHERIFF  
 DEPARTMENT 421 SHERIFF DEPARTMENT  
 LOCATION 421-05 COLLETON COUNTY DE  
 CATEGORY CPL3A CORPORAL/TRANSPOR  
 SALARY CLASS 8 GRADE 8  
 TOTAL YEARS EXPERIENCE 0  
 TYPE OF EMPLOYEE HOURLY  
 PAY PERIOD B BIWEEKLY  
 HOURS/PAY PERIOD 86.00  
 SUPERVISOR

PAY RATE [REDACTED]  
 ANNUAL TAX SALARY [REDACTED]  
 OVERTIME FACTOR 1.50  
 EMPLOYMENT STATUS F  
 TAX STATUS M  
 FEDERAL EXEMPTIONS 1  
 STATE EXEMPTIONS 1  
 ADDITIONAL FEDERAL TAX  
 ADDITIONAL STATE TAX  
 FICA WITHHOLDING Y  
 EARNED INCOME CREDIT 0  
 LOCAL TAX CODE  
 CONTRACT DAYS - STANDARD: 260 CURRENT: 260  
 BUDGETED ANNUAL SALARY [REDACTED]  
 DAILY RATE [REDACTED]

DAILY HOURS 8.60 RATE [REDACTED]

Account Distribution

ACCOUNT NUMBER	BUDGET	FYTD AMOUNT	PAY RATE	FTE	FRINGE	STD HOURS	STD AMOUNT	CURR HOURS	CURR AMOUNT
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[REDACTED]									
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Affected by a 3% Cost-of-Living Adjustment (COLA) effective  
07/01/2016.

# COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

<p><b>EMPLOYEE/APPLICANT INFORMATION</b></p> <p>Effective Date Of Action: <u>December 14, 2015</u></p> <p>Name: <u>Hale Gary A</u>  <small>(last) (first) (middle)</small></p> <p>Address: [REDACTED]</p> <p>Home Telephone Number: [REDACTED]</p> <p>Social Security Number: [REDACTED]</p> <p>Department/Agency/Office Name: <u>Shall</u></p> <p>Payroll Account Number: <u>421-05</u></p> <p>Position/Job Classification and Pay Data:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Present</th> <th style="text-align: center;">Proposed</th> </tr> </thead> <tbody> <tr> <td>Position Name</td> <td style="text-align: center;"><u>JAILER</u></td> <td style="text-align: center;"><u>CORPORAL</u></td> </tr> <tr> <td>Category/Position #</td> <td style="text-align: center;"><u>JAZL</u></td> <td style="text-align: center;"><u>CPL3A</u></td> </tr> <tr> <td>Grade</td> <td style="text-align: center;"><u>7</u></td> <td style="text-align: center;"><u>7</u></td> </tr> <tr> <td>Hourly Rate</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>Annual Salary</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>Workweek</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>Shift/Hours Per Day</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> <tr> <td>Cycle</td> <td style="text-align: center;"><u>86</u></td> <td style="text-align: center;"><u>86</u></td> </tr> </tbody> </table> <p>Exempt/Salaried <input type="checkbox"/> Non-Exempt/Hourly <input checked="" type="checkbox"/></p> <p>[REDACTED Signature] <u>12-15-15</u>  <small>Employee's/Candidate's Signature Date</small></p>		Present	Proposed	Position Name	<u>JAILER</u>	<u>CORPORAL</u>	Category/Position #	<u>JAZL</u>	<u>CPL3A</u>	Grade	<u>7</u>	<u>7</u>	Hourly Rate	[REDACTED]	[REDACTED]	Annual Salary	[REDACTED]	[REDACTED]	Workweek	[REDACTED]	[REDACTED]	Shift/Hours Per Day	[REDACTED]	[REDACTED]	Cycle	<u>86</u>	<u>86</u>	<p><b>Type of Transaction</b> (Check applicable items):</p> <p>New Employee <input type="checkbox"/> Regular Employee <input type="checkbox"/> PRN <input type="checkbox"/></p> <p>Probationary: Initial 6-month <input type="checkbox"/> Transfer/Extension 3-month <input type="checkbox"/></p> <p>Full-time <input type="checkbox"/> End of Probation <input type="checkbox"/> Part-time <input type="checkbox"/></p> <p>Non-Guaranteed Hours/Convenience of the County <input type="checkbox"/></p> <p>Temporary <input type="checkbox"/> Type: <u>P</u></p> <p>Provisional Timeframe: <u>1/12/16</u></p> <p>Transfer <input type="checkbox"/> Old Position #: <u>BB</u></p> <p>Other: _____</p> <hr/> <p><b>Salary Changes Due to:</b></p> <p>Merrit <input type="checkbox"/> Reclassification <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input checked="" type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Suspension <input type="checkbox"/> Number of Days: _____</p> <p>Suspension with Pay <input type="checkbox"/> Suspension without Pay <input type="checkbox"/></p> <p>Leave: Type/Timeframe _____</p> <p>Remarks _____</p> <p><small>**Documentation must be attached for all salary changes</small></p> <p><b>Termination Action</b> (Check applicable item):</p> <p>Resignation <input type="checkbox"/> Layoff <input type="checkbox"/> Disciplinary <input type="checkbox"/> Probation/Repeal <input type="checkbox"/></p> <p>Terminated at the Pleasure of the County <input checked="" type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Additional Remarks: <u>COLLETON COUNTY HUMAN RESOURCES</u> <u>BB</u></p> <p><small>**Documentation must be attached to support termination</small></p>
	Present	Proposed																										
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Cycle	<u>86</u>	<u>86</u>																										
<p><b>DEPARTMENTAL REVIEW:</b></p> <p>[REDACTED Signature] _____  <small>Date</small></p> <p>[REDACTED Signature] _____  <small>Date</small></p> <p>[REDACTED Signature] _____  <small>Date</small></p>	<p><b>FINAL REVIEW:</b></p> <p>[REDACTED Signature] <u>1/11/16</u>  <small>Date</small></p> <p>[REDACTED Signature] <u>1/22/16</u>  <small>Date</small></p> <p>[REDACTED Signature] <u>1/19/16</u>  <small>Date</small></p>																											

COLLETON COUNTY  
EMPLOYEE MASTER SHEETS

GARY ALLEN HALE JR

EMPLOYEE ID: 2863

PHONE:

**Demographics & Salary Tax Information**

DATE OF BIRTH  
RACE W  
SEX M  
DATE OF EMPLOYMENT 02/13/2012  
PR DATE INACTIVATED  
CLASS 7720 JAIL/SHERIFF  
DEPARTMENT 421 SHERIFF DEPARTMENT  
LOCATION 421-05 COLLETON COUNTY DE  
CATEGORY JA3L JAILER  
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TOTAL YEARS EXPERIENCE 0  
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PAY PERIOD B BIWEEKLY  
HOURS/PAY PERIOD 86.00  
SUPERVISOR

PAY RATE  
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CONTRACT DAYS - STANDARD: 260 CURRENT: 260  
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DAILY RATE  
DAILY HOURS 8.60 RATE

**Account Distribution**

ACCOUNT NUMBER	BUDGET	FYTD AMOUNT	PAY RATE	FTE	FRINGE	STD HOURS	STD AMOUNT	CURR HOURS	CURR AMOUNT
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## 2863 - GARY HALE

Edit Hours - 12/28/2015 to Current

O	M	I	Note	Edited	B	Time In	Time Out	Job Code	Hours	Rate	Break	Total	Week Total
0	0	0		Y	[	12/28/2015 9:00 AM	<< Time sheet >>	20 - Holiday	8.60			8.60	
0	0	0		Y	[	12/29/2015 7:00 AM	12/29/2015 5:00 PM	101 - Regular minus 24	9.60		24u	9.60	
0	0	0		Y	[	12/30/2015 7:45 AM	12/30/2015 5:00 PM	101 - Regular minus 24	8.85		24u	8.85	
0	0	0		Y	[	12/31/2015 7:45 AM	12/31/2015 5:00 PM	101 - Regular minus 24	8.85		24u	8.85	
0	0	0		Y	[	01/01/2016 9:00 AM	<< Time sheet >>	20 - Holiday	8.60			8.60	44.50
0	0	0		Y	[	01/04/2016 8:00 AM	01/04/2016 5:00 PM	101 - Regular minus 24	8.60		24u	8.60	
0	0	0		Y	[	01/05/2016 7:45 AM	01/05/2016 5:00 PM	101 - Regular minus 24	8.85		24u	8.85	
0	0	0		Y	[	01/06/2016 7:45 AM	01/06/2016 5:00 PM	101 - Regular minus 24	8.85		24u	8.85	
0	0	0		Y	[	01/07/2016 8:00 AM	01/07/2016 5:00 PM	101 - Regular minus 24	8.60		24u	8.60	
0	0	0		Y	[	01/08/2016 7:45 AM	01/08/2016 5:00 PM	101 - Regular minus 24	8.85		24u	8.85	43.75
0	0	0		Y	[	01/11/2016 7:00 AM	01/11/2016 5:00 PM	101 - Regular minus 24	9.60		24u	9.60	
0	0	0		Y	[	01/12/2016 7:45 AM	<< Clocked In >>	101 - Regular minus 24	0.00			0.00	9.60

COURTESY OF  
 LUNA SHARK MEDIA

COLLETON COUNTY

LABOR HISTORY BY EMPLOYEE - DETAIL

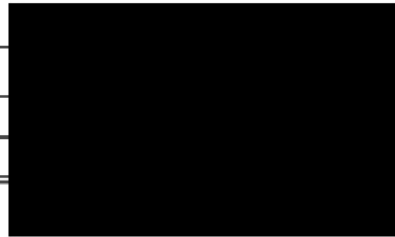
FY 2015-2016

NON-ACCRUALS ONLY

PAY DATES: 01/01/2016 TO 01/01/2016

INCLUDES INACTIVES

<u>EMPLOYEE NAME</u>	<u>EMPLOYEE ID</u>	<u>PAYROLL DATE</u>	<u>HOURS</u>	<u>AMOUNT</u>
HALE, GARY ALLEN	2863			
100-420-421-05-1100-0000 REGULAR WAGES		01/01/2016		
SUBTOTAL FOR 100-420-421-05-1100-0000 REGULAR WAGES				
2863	SUBTOTAL FOR HALE, GARY ALLEN			
		TOTAL:		



COURTESY OF  
LUNA SHARK MEDIA

## 2863 - GARY HALE

Edit Hours - 12/14/2015 to 12/20/2015

O	M	I	Not	Edited	B	Time In	Time Out	Job Code	Hours	Rate	Break	Total	Week Total
0	8	24	0	N	C	12/14/2015 8:00 AM	12/14/2015 5:00 PM	101 - Regular minus 24	8.60		24u	8.60	
0	8	24	0	N	C	12/15/2015 8:00 AM	12/15/2015 5:00 PM	101 - Regular minus 24	8.60		24u	8.60	
0	8	24	0	Y	C	12/16/2015 8:00 AM	12/16/2015 5:00 PM	101 - Regular minus 24	8.60		24u	8.60	
0	8	24	0	N	C	12/17/2015 7:45 AM	12/17/2015 5:00 PM	101 - Regular minus 24	8.85		24u	8.85	
0	8	24	0	Y	C	12/18/2015 4:30 AM	12/18/2015 5:45 PM	101 - Regular minus 24	12.85		24u	12.85	47.50

COURTESY OF  
LUNA SHARK MEDIA

# 2863 - GARY HALE

Edit Hours - 12/21/2015 to 12/27/2015

O	M	I	Not	Edited	B	Time In	Time Out	Job Code	Hours	Rate	Break	Total	Week Total
0	8	24	0	N		12/21/2015 8:00 AM	12/21/2015 5:15 PM	101 - Regular minus 24	8.85		24u	8.85	
0	8	24	0	N		12/22/2015 5:00 AM	12/22/2015 5:00 PM	101 - Regular minus 24	11.60		24u	11.60	
0	8	24	0	N		12/23/2015 6:30 AM	12/23/2015 5:00 PM	101 - Regular minus 24	10.10		24u	10.10	
0	8	24	0	Y		12/24/2015 4:00 AM	<< Time sheet >>	20 - Holiday	8.60			8.60	
0	8	24	0	Y		12/25/2015 4:00 AM	<< Time sheet >>	20 - Holiday	8.60			8.60	47.75

COURTESY OF  
LUNA SHARK MEDIA



# Approval Manager

For the period 12/28/2015 to 01/10/2016

O	M	I	Brk	Time In	Time Out	Break	Job Code	Cost Code	Rate	Hours	Shift Total	Total
				01/09/2016 9:00 AM	<< Time sheet >>		300 - RETRO PAY					

COURTESY OF  
LUNA SHARK MEDIA

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older.
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

**Complete all worksheets that apply.** However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/wf](http://www.irs.gov/wf).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent.	<b>A</b>	_____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above).	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	<b>H</b>	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2015</b>
<p>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>		
1 Your first name and middle initial <b>GARY ALLEN</b>	Last name <b>HALE JR</b>	2 Your social security number [REDACTED]
Home address (number and street or rural route) [REDACTED]		
3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	1
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. <b>7</b>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.)	[REDACTED]	Date <b>3-3-15</b>
8 Employer's name and address (Employer: [REDACTED])	9 Office code (optional)	10 Employer identification number (EIN)

## COLLETON COUNTY PERSONNEL ACTION REQUEST

EMPLOYEE/APPLICANT INFORMATION	Type of Transaction (Check applicable items):																											
Effective Date Of Action: <u>Nov. 16, 2012</u> Name: <u>Hale</u> <u>Earl</u> <u>A.</u> (last) (first) (middle) Address: _____ (city) (state) (zip code) Home Telephone Number: _____ Social Security Number: <span style="background-color: black; color: black;">[REDACTED]</span> Department/Agency/Office Name: <u>Jail</u> Payroll Account Number: <u>421-05</u> Position/Job Classification and Pay Data: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Present</th> <th style="width: 35%;">Proposed</th> </tr> </thead> <tbody> <tr> <td>Position Name</td> <td><u>Jailer</u></td> <td></td> </tr> <tr> <td>Category/Position #</td> <td><u>J13L</u></td> <td></td> </tr> <tr> <td>Grade</td> <td><u>7</u></td> <td></td> </tr> <tr> <td>Hourly Rate</td> <td><span style="background-color: black; color: black;">[REDACTED]</span></td> <td></td> </tr> <tr> <td>Annual Salary</td> <td></td> <td></td> </tr> <tr> <td>Workweek</td> <td></td> <td></td> </tr> <tr> <td>Shift/Hours Per Day</td> <td></td> <td></td> </tr> <tr> <td>Cycle</td> <td><u>86</u></td> <td></td> </tr> </tbody> </table> Exempt/Salaried <input type="checkbox"/> Non-Exempt/Hourly <input checked="" type="checkbox"/> Employer Signature: <span style="background-color: black; color: black;">[REDACTED]</span> Date: <u>3-19-13</u>		Present	Proposed	Position Name	<u>Jailer</u>		Category/Position #	<u>J13L</u>		Grade	<u>7</u>		Hourly Rate	<span style="background-color: black; color: black;">[REDACTED]</span>		Annual Salary			Workweek			Shift/Hours Per Day			Cycle	<u>86</u>		New Employee <input type="checkbox"/> Regular Employee <input type="checkbox"/> PRN <input type="checkbox"/> Probationary Initial 6-month <input type="checkbox"/> Transfer/Extension 3-month <input type="checkbox"/> Full-time <input type="checkbox"/> End of Probation <input type="checkbox"/> Part-time <input type="checkbox"/> Non-Guaranteed Hours/Conventional of the County <input type="checkbox"/> Temporary <input type="checkbox"/> Type: _____ Provisional Tenure: _____ Transfer <input type="checkbox"/> Old Position #: _____ Other: _____ Salary Changes Due to: Merit <input type="checkbox"/> Reclassification <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Other <input checked="" type="checkbox"/> Completed SCCJA <u>5% increase</u> Suspension <input type="checkbox"/> Number of Days _____ Suspension with Pay <input type="checkbox"/> Suspension without Pay <input type="checkbox"/> Leave Type/Amount: <u>MR 22 2013</u> Remarks: _____ **Documentation must be attached for all salary changes Termination Action (Check applicable item): Resignation w/status <input type="checkbox"/> Resignation w/o Status <input type="checkbox"/> Layoff <input type="checkbox"/> Retiring <input type="checkbox"/> Disciplinary <input type="checkbox"/> Probation/Reject <input type="checkbox"/> Terminated at the Pleasure of Elected Official <input type="checkbox"/> Other <input type="checkbox"/> _____ Additional Remarks: _____ **Documentation must be attached to support termination
	Present	Proposed																										
Position Name	<u>Jailer</u>																											
Category/Position #	<u>J13L</u>																											
Grade	<u>7</u>																											
Hourly Rate	<span style="background-color: black; color: black;">[REDACTED]</span>																											
Annual Salary																												
Workweek																												
Shift/Hours Per Day																												
Cycle	<u>86</u>																											
DEPARTMENTAL REVIEW: _____ Division Head/Supervisor _____ Date _____ Department Head/Elected Official _____ Date <u>3-18-2013</u>	FINAL REVIEW: _____ ATF <u>3/25/13</u> Date _____ _____ ATF <u>3-26-13</u> Date _____ _____ ATF <u>3-26-13</u> Date _____																											

\*\*ALL PAYROLL CHANGES MUST BE GIVEN TO EMPLOYEES IN WRITING AND REVIEWED BY THE COUNTY ADMINISTRATOR\*\*  
 HUMAN RESOURCES: White - DEPARTMENT: Canary - EMPLOYEE: Pnk.

FY 2012-2013

COLLETON COUNTY  
EMPLOYEE MASTER SHEETS

GARY ALLEN HALE JR

EMPLOYEE ID: 2863



PHONE:

Demographics & Salary Tax Information

DATE OF BIRTH		PAY RATE	
RACE	W	ANNUAL TAX SALARY	
SEX	M	OVERTIME FACTOR	1.50
DATE OF EMPLOYMENT	02/13/2012	EMPLOYMENT STATUS	F
PR DATE INACTIVATED		TAX STATUS	S
CLASS	7720 JAIL/SHERIFF	FEDERAL EXEMPTIONS	2
DEPARTMENT	421 SHERIFF DEPARTMENT	STATE EXEMPTIONS	2
LOCATION	421-05 CO. JAIL - SHERIFF	ADDITIONAL FEDERAL TAX	
CATEGORY	JA3L JAILER	ADDITIONAL STATE TAX	
SALARY CLASS	7 GRADE 7	FICA WITHHOLDING	Y
TOTAL YEARS EXPERIENCE	0	EARNED INCOME CREDIT	0
TYPE OF EMPLOYEE	HOURLY	CONTRACT DAYS - STANDARD:	260 CURRENT: 260
PAY PERIOD	B BIWEEKLY	BUDGETED ANNUAL SALARY	
HOURS/PAY PERIOD	86.00	DAILY RATE	
SUPERVISOR		DAILY HOURS	8.60
		RATE	

Account Distribution

ACCOUNT NUMBER	BUDGET	FYTD AMOUNT	PAY RATE	FTE	FRINGE	STD HOURS	STD AMOUNT	CURR HOURS	CURR AMOUNT
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LUNA SHAIKH MEDIA

COLLETON COUNTY

LABOR HISTORY BY EMPLOYEE - DETAIL

FY 2012-2013

NON-ACCRUALS ONLY

PAY DATES: 12/07/2012 TO 03/29/2013

INCLUDES INACTIVES

<u>EMPLOYEE NAME</u>	<u>EMPLOYEE ID</u>	<u>PAYROLL DATE</u>	<u>HOURS</u>	<u>AMOUNT</u>
HALE, GARY ALLEN	2863			
100-420-421-05-1100-0000	REGULAR WAGES	12/07/2012	103.20	
100-420-421-05-1100-0000	REGULAR WAGES	12/21/2012	86.00	
100-420-421-05-1100-0000	REGULAR WAGES	01/04/2013	111.80	
100-420-421-05-1100-0000	REGULAR WAGES	01/18/2013	94.60	
100-420-421-05-1100-0000	REGULAR WAGES	02/01/2013	94.60	
100-420-421-05-1100-0000	REGULAR WAGES	02/15/2013	86.00	
100-420-421-05-1100-0000	REGULAR WAGES	03/01/2013	94.60	
100-420-421-05-1100-0000	REGULAR WAGES	03/15/2013	86.00	
SUBTOTAL FOR 100-420-421-05-1100-0000 REGULAR WAGES			756.80	
100-420-421-05-1300-0000	OVERTIME WAGES	12/07/2012	3.05	
100-420-421-05-1300-0000	OVERTIME WAGES	01/04/2013	26.50	
100-420-421-05-1300-0000	OVERTIME WAGES	01/18/2013	2.25	
100-420-421-05-1300-0000	OVERTIME WAGES	02/01/2013	2.50	
100-420-421-05-1300-0000	OVERTIME WAGES	03/15/2013	3.50	
SUBTOTAL FOR 100-420-421-05-1300-0000 OVERTIME WAGES			37.80	
2863	SUBTOTAL FOR HALE, GARY ALLEN		794.60	
			TOTAL:	794.60

COURTESY OF MEDICAL LUNA SHARIK

3 - Employee Detail

Employee id 2863    Last/First/Middle/Suffix HALE    GARY    ALLEN    JR  
 SSN [REDACTED]    Pay group B    BIWEEKLY     Active?    History

General    Salary    Tax    Deductions    Notes    Leave    Direct Deposit    Salary Accounts

Accounts    Allocation

Note [REDACTED]    Rate 11.2900    Set/Reset Exceptions  
 + R [REDACTED] REGULAR    Budget/FYTD [REDACTED]     Allocate  
 100-420-421-05-1100-0000    11.2900    1.0000    1.0000    86.00    \$970.94    86.00    \$970.94

Type	Account	Pay Rate	FTE	Fringe	Std Hrs	Std Amt	Curr Hrs	Curr Amt
Hol	100-420-421-05-1100-0000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
LW	100-420-421-05-1100-0000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
▶ R	100-420-421-05-1100-0000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
OT	100-420-421-05-1300-0000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
S86	100-420-421-05-1100-0000	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			1.00	1.00	86.00	970.94	86.00	970.94

## COLLETON COUNTY PERSONNEL ACTION REQUEST

EMPLOYEE/APPLICANT INFORMATION	Type of Transaction (Check applicable items):																								
Effective Date of Action: <u>JULY 2, 2012</u> Name: <u>HALE GARY A.</u> (last) (first) (middle) Address: _____ _____ (city) (state) (zip code) Home Telephone Number: _____ Social Security Number: _____ Department/Agency/Office Name: <u>JAIL</u> Payroll Account Number: <u>100-480-421-05</u> Position/Job Classification and Pay Date: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Present</th> <th style="width: 35%; text-align: center;">Proposed</th> </tr> </thead> <tbody> <tr> <td>Position Name</td> <td style="text-align: center;"><u>JAILER</u></td> <td style="text-align: center;"><u>SAME</u></td> </tr> <tr> <td>Category/Position #</td> <td style="text-align: center;"><u>JA3L</u></td> <td style="text-align: center;"><u>SAME</u></td> </tr> <tr> <td>Grade</td> <td style="text-align: center;"><del>_____</del></td> <td style="text-align: center;"><del>_____</del></td> </tr> <tr> <td>Hourly Rate Annual Salary</td> <td style="text-align: center;"><del>_____</del></td> <td style="text-align: center;"><del>_____</del></td> </tr> <tr> <td>Workweek</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Shift/Hours Per Day</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Cycle</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> Exempt/Salaried ( <input type="checkbox"/> ) Non-Exempt/Hourly ( <input type="checkbox"/> )		Present	Proposed	Position Name	<u>JAILER</u>	<u>SAME</u>	Category/Position #	<u>JA3L</u>	<u>SAME</u>	Grade	<del>_____</del>	<del>_____</del>	Hourly Rate Annual Salary	<del>_____</del>	<del>_____</del>	Workweek	_____	_____	Shift/Hours Per Day	_____	_____	Cycle	_____	_____	New Employee ( <input type="checkbox"/> ) Regular Employee ( <input type="checkbox"/> ) PRN ( <input type="checkbox"/> ) Probationary: Initial 6-month ( <input type="checkbox"/> ) Transfer/Extension 3-month ( <input type="checkbox"/> ) Full-time ( <input type="checkbox"/> ) End of Probation ( <input type="checkbox"/> ) Part-time ( <input type="checkbox"/> ) Non-Guaranteed Hours/Convenience of the County ( <input type="checkbox"/> ) Temporary ( <input type="checkbox"/> ) Type: _____ Provisional Timeframe: _____ Transfer ( <input type="checkbox"/> ) Old Position #: _____ Other: _____ Salary Changes Due to: Merit ( <input type="checkbox"/> ) Reclassification ( <input type="checkbox"/> ) Demotion ( <input type="checkbox"/> ) Promotion ( <input type="checkbox"/> ) Other: <u>✓ 2% COLA PER BUDGET 12-0-14</u> Suspension ( <input type="checkbox"/> ) Number of Days: _____ Suspension with Pay ( <input type="checkbox"/> ) Suspension without Pay ( <input type="checkbox"/> ) Leave: Type/Timeframe: _____ Remarks: _____ _____ **Documentation must be attached for all salary changes
	Present	Proposed																							
Position Name	<u>JAILER</u>	<u>SAME</u>																							
Category/Position #	<u>JA3L</u>	<u>SAME</u>																							
Grade	<del>_____</del>	<del>_____</del>																							
Hourly Rate Annual Salary	<del>_____</del>	<del>_____</del>																							
Workweek	_____	_____																							
Shift/Hours Per Day	_____	_____																							
Cycle	_____	_____																							
Employee's/Candidate's Signature: _____ Date: _____ DEPARTMENTAL REVIEW: _____ _____ Division Head/Supervisor: _____ Date: _____ Department Head/Elected Official: _____ Date: _____	Termination Action (Check applicable item): Resignation w/status ( <input type="checkbox"/> ) Resignation w/o Status ( <input type="checkbox"/> ) Layoff ( <input type="checkbox"/> ) Retiring ( <input type="checkbox"/> ) Disciplinary ( <input type="checkbox"/> ) Probation/Relect ( <input type="checkbox"/> ) Terminated at the Pleasure of Elected Official ( <input type="checkbox"/> ) Other ( <input type="checkbox"/> ) _____ Additional Remarks: _____ _____ **Documentation must be attached to support termination																								
	_____ Date: <u>7/3/12</u> _____ Date: <u>7/3/12</u> _____ Date: <u>7-3-12</u> _____ Date: _____																								

\*\*ALL PAYROLL CHANGES MUST BE GIVEN TO EMPLOYEES IN WRITING AND REVIEWED BY THE COUNTY ADMINISTRATOR\*\*  
 HUMAN RESOURCES: White - DEPARTMENT: Cahery - EMPLOYEE: Pnk

COLLETON COUNTY  
EMPLOYEE MASTER SHEETS

GARY ALLEN HALE JR

EMPLOYEE ID: 2863



PHONE

Demographics & Salary Tax Information

DATE OF BIRTH		PAY RATE	
RACE	W	ANNUAL TAX SALARY	
SEX	M	OVERTIME FACTOR	1.50
DATE OF EMPLOYMENT	02/13/2012	EMPLOYMENT STATUS	F
PR DATE INACTIVATED		TAX STATUS	S
CLASS	7720 JAIL/SHERIFF	FEDERAL EXEMPTIONS	2
DEPARTMENT	421 SHERIFF DEPARTMENT	STATE EXEMPTIONS	2
LOCATION	421-05 CO. JAIL - SHERIFF	ADDITIONAL FEDERAL TAX	
CATEGORY	JA3L JAILER	ADDITIONAL STATE TAX	
SALARY CLASS	7 GRADE 7	FICA WITHHOLDING	Y
TOTAL YEARS EXPERIENCE	0	EARNED INCOME CREDIT	0
TYPE OF EMPLOYEE	HOURLY	CONTRACT DAYS - STANDARD:	260 CURRENT: 260
PAY PERIOD	B BIWEEKLY	BUDGETED ANNUAL SALARY	
HOURS/PAY PERIOD	86.00	DAILY RATE	
SUPERVISOR		DAILY HOURS	8.60
		RATE	

Account Distribution

EXTD	PAY	STD	STD	CURR	CURR

LUNA SHARK MEDIA



**VOIDED CHECK, DEPOSIT SLIP or DOCUMENT WITH PRINTED  
ACCOUNT NUMBERS REQUIRED**

**AUTHORIZATION AGREEMENT FOR  
DIRECT DEPOSITS (ACH CREDITS)**

I hereby authorize Colleton County Government, hereinafter called **COMPANY**, to initiate payroll credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

Please select one:

- Checking Account  
 Savings Account

Indicated below and depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

BANK NAME

LOCATION/CITY OF BANK

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

PRE-NOTIFICATION/TEST of the bank account information provided to the depository following the receipt of bank account information. The depository will process the account employee specified on the payroll following pre-notification/ test if test was successful.

This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

EMPLOYEE NAME

Gary A. Hale Jr

EMPLOYEE SOC. SEC. #

DATE

2-23-12

EMPLOYEE SIGNATURE

Per Colleton County Government's Personnel Policy Manual (C.C.P.P.), Section 10.7A Employees are paid on a bi-weekly basis through **direct deposit** on Fridays. Employees are required to provide bank routing and account information to H. R. within two weeks of the date of hire so that payroll direct deposit can be processed with the bank of the employee's choosing.

10.7B Failure to maintain a bank account and to provide notice to Human Resources of any changes can result in significant delays in receipt of pay.

Submit bank account information to Human Resources before the close of business on

FY 2011-2012

COLLETON COUNTY  
EMPLOYEE MASTER SHEETS

GARY ALLEN HALE JR

EMPLOYEE ID: 2863



PHONE:

Demographics & Salary Tax Information

DATE OF BIRTH		PAY RATE	
RACE	W	ANNUAL TAX SALARY	
SEX	M	OVERTIME FACTOR	1.50
DATE OF EMPLOYMENT	02/13/2012	EMPLOYMENT STATUS	F
PR DATE INACTIVATED		TAX STATUS	S
CLASS	7720 JAIL/SHERIFF	FEDERAL EXEMPTIONS	2
DEPARTMENT	421 SHERIFF DEPARTMENT	STATE EXEMPTIONS	2
LOCATION	421-05 CO. JAIL - SHERIFF	ADDITIONAL FEDERAL TAX	
CATEGORY	JA3L JAILER	ADDITIONAL STATE TAX	
SALARY CLASS	7 GRADE 7	FICA WITHHOLDING	Y
TOTAL YEARS EXPERIENCE	0	EARNED INCOME CREDIT	0
TYPE OF EMPLOYEE	HOURLY	CONTRACT DAYS - STANDARD:	260 CURRENT: 260
PAY PERIOD	B BIWEEKLY	BUDGETED ANNUAL SALARY	
HOURS/PAY PERIOD	86.00	DAILY RATE	
SUPERVISOR			

Direct Deposit Information



COURTESY  
LUNA SHARK MEDIA

*(Signature)*  
2/24/12

FY 2011-2012

COLLETON COUNTY  
EMPLOYEE MASTER SHEETS

GARY ALLEN HALE JR

EMPLOYEE ID: 2863

[REDACTED]

PHONE: [REDACTED]

Demographics & Salary Tax Information

DATE OF BIRTH	[REDACTED]	PAY RATE	[REDACTED]
RACE	W	ANNUAL TAX SALARY	[REDACTED]
SEX	M	OVERTIME FACTOR	1.50
DATE OF EMPLOYMENT	02/13/2012	EMPLOYMENT STATUS	F
PR DATE INACTIVATED		TAX STATUS	S
CLASS	7720	FEDERAL EXEMPTIONS	2
	JAIL/SHERIFF	STATE EXEMPTIONS	2
DEPARTMENT	421	ADDITIONAL FEDERAL TAX	
LOCATION	421-05	ADDITIONAL STATE TAX	
CATEGORY	JA3L	FICA WITHHOLDING	Y
SALARY CLASS	7	EARNED INCOME CREDIT	0
TOTAL YEARS EXPERIENCE	0	CONTRACT DAYS- STANDARD:	260 CURRENT: 260
TYPE OF EMPLOYEE	HOURLY	BUDGETED ANNUAL SALARY	[REDACTED]
PAY PERIOD	B	DAILY RATE	[REDACTED]
HOURS/PAY PERIOD	86.00		
SUPERVISOR			

Direct Deposit Information

[REDACTED]

COURTESY LUNA SHARK MEDIA

## INITIAL NOTIFICATION COVER PAGE

To: Gary A. Hale Jr.

FROM: Deadgrea Sadler  
Benefits Administrator  
Colleton County Government

Effective Date: March 1, 2012

REF: ENCLOSED GROUP HEALTH INSURANCE INITIAL NOTIFICATION

This enclosed notice applies individually to the following plan participants:  
Gary A. Hale Jr.

The enclosed notice outlines the possible future options of covered participants and, more importantly, notification obligations under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) if you should ever lose your health insurance for certain reasons. The enclosed notice does not mean you are losing your group health and/or dental insurance!

**Step #1:** Please read the notice carefully. It is important that each individual covered under the plan read the notice and be familiar with the information.

**Step #2:** If there is a covered dependent whose legal residence is not the same as yours, you are required to provide written notification to the benefits department so that a separate notice can be sent to that covered dependent. If you should ever move, please keep us informed so you can continue to receive important information.

**Step #3:** **Understand Your Notification Obligations!** Under the rules of the Plan and federal law, you or a covered spouse/dependent are required to notify your benefits office of a divorce/legal separation or if a covered dependent ceases to be an eligible dependent under the terms of the group health plan. Please read carefully the section in the notice that details your notification obligations and the appropriate steps to take when making this notification. Should you fail to follow the outlined notification procedures; any available rights will be lost.

**Step #4:** File this notice in your records for future reference.

Should you have any questions concerning this notice or your notification obligations, please call me in the benefits department at (843) 549-5221.

**INITIAL NOTIFICATION - VERY IMPORTANT NOTICE**

February 24, 2012

Gary A. Hale Jr  
10597 Jefferies Highway  
Walterboro, SC 29488

This notice of rights regarding possible future continuation of group health and/or dental insurance coverage applies individually to the following plan (Gary a. Hale Jr.) .Employee is participating in the Money Plus medical flexible spending account at the time of the qualifying event, he may continue the account only through the end of the current plan year.

This notice is being provided to you at this time because you have recently become, or are about to become, covered under the State of South Carolina Employee Insurance Program (State Health Plan Standard, State Dental, and Dental Plus, State Vision Plan). It is important that all covered individuals take the time to read this notice carefully and become familiar with its contents. If there is a covered dependent whose legal residence is not the same as yours, please provide written notification to your benefits office so a notice can be sent to that covered dependent as well.

**Plan Administrator/EIP** - The plan administrator is the State of South Carolina Employee Insurance Program (EIP). The address and phone number is: P.O. Box 11661, Columbia, South Carolina 29211, 803-734-0678 (toll-free at 888-260-9430). The plan administrator is responsible for administering COBRA continuation coverage.

**Benefits Office** - Your benefits office is the local or central personnel/human resources office where you work.

Under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you should lose your group health and/or dental insurance due to one of the qualifying events listed below, covered employees and covered family members (called qualified beneficiaries) will be allowed to continue group health and/or dental insurance coverage for a specified period of time (called "Continuation Coverage") at group rates, which you will be required to pay. This notice is intended to inform all plan participants of possible future options and obligations under the continuation coverage provisions of federal law. Should a qualifying event actually occur, your benefits office will send you additional information and the appropriate election notice at that time.

**Qualifying Events For Covered Employee** - If you are the covered employee, you will become a qualified beneficiary and will have the right to elect health and/or dental plan coverage if you lose your group health and/or dental coverage due to a termination of your employment (for reasons other than gross misconduct on your part) or a reduction in your hours of employment.

**Qualifying Events For Covered Spouse** - If you are the covered spouse of an employee, you will become a qualified beneficiary and will have the right to elect to continue health and/or dental plan coverage for yourself if you lose the coverage due to any of the following:

1. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment;
2. The death of your spouse;<sup>2</sup>
3. Divorce or legal separation from your spouse;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both).<sup>4</sup>

**Qualifying Events For a Covered Dependent Child** - If you are the covered dependent child of an employee, you will become a qualified beneficiary and will have the right to elect to continue health and/or dental plan coverage for yourself if you lose the coverage due to any of the following:

1. A termination of the parent-employee's employment (for reasons other than gross misconduct) or reduction in the parent-employee's hours of employment;
2. The death of the parent-employee;<sup>2</sup>
3. Parent's divorce or legal separation;
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both)<sup>2</sup>; or
5. You cease to be eligible for coverage as a "dependent child" under the terms of the Plan.

**PROTECT YOUR GROUP HEALTH AND/OR DENTAL INSURANCE  
CONTINUATION COVERAGE RIGHTS!**

*Please take special note of your notification obligations and procedures!*

**60-DAY NOTIFICATION REQUIREMENT!**

Under group health and/or dental plan rules and COBRA law, you as the covered employee, your spouse, or other family member are responsible for notifying your benefits office of a divorce, legal separation or a child losing dependent status under the Plan. Please read your Insurance Benefits Guide for specific information about when a dependent ceases to be eligible for coverage under the terms of the Plan. To protect your continuation coverage rights in these situations, this notification must be made within 60 days from the later of the date of the event or the date which health and/or dental plan coverage would be lost under the terms of the insurance contract because of the event. Procedures for making a proper and timely notice are:

- Step 1 - Complete the enclosed COBRA Qualifying Event Notification Form.
- Step 2 - Make a copy of the form for your records.
- Step 3 - Attach the required documentation depending upon the qualifying event.
- Step 4 - Return the notification form to your benefits office.
- Step 5 - Call your benefits office within 10 days to ensure it has been received.

If notification is not completed according to the outlined procedures above and within the required 60-day notification period, rights to continuation coverage will be forfeited. In addition, an employee's failure to notify his benefits office when an individual ceases to be eligible for coverage under the terms of the Plan will be considered insurance fraud on the part of the employee.

If the qualifying event is a termination of employment, reduction in hours, death<sup>2</sup>, enrollment in Medicare (Part A, Part B, or both), divorce, legal separation, or a child ceasing to be a dependent, the benefits office will notify EIP within 30 days of the qualifying event.

**Election Period and Coverage** - Once your benefits office learns a qualifying event has occurred; the qualified beneficiaries will be notified of their rights to elect continuation coverage. Each

qualified beneficiary has independent election rights and will have 60 days to elect coverage. The 60-day election window is measured from the later of the date health and/or dental plan coverage is lost due to the event or from the date of notification. This is the maximum period allowed to elect continuation coverage. The Plan does not provide an extension of the election period beyond what is required by law. For each qualified beneficiary who elects to continue group health and/or dental insurance, continuation coverage will begin on the date that coverage under the Plan would be lost because of the event. If a qualified beneficiary does not elect to continue coverage within this period, rights will end and he/she will cease to be a qualified beneficiary.

Qualified beneficiaries who elect to continue coverage must pay the entire cost for the health and/or dental insurance, plus a two percent administration fee. EIP is required to provide the qualified beneficiary with coverage identical to that provided to non-COBRA participants and/or their covered dependents. Should coverage change or be modified for non-COBRA participants, the change and/or modification will apply to COBRA participants as well.

**Length of Continuation Coverage - 18 Months** - If the loss of coverage is due to a termination of employment (other than for reasons of gross misconduct) or a reduction in work hours, each qualified beneficiary may continue coverage for up to 18 months from the date of the qualifying event. Exception: If you are participating in the MoneyPlus medical flexible spending account at the time of the qualifying event, you may continue the account only through the end of the current plan year in which the qualifying event occurs.

Three possible situations, however, may extend coverage beyond 18 months.

**Social Security Disability Extension** - If a qualified beneficiary is eligible for Social Security disability, continuation coverage can be extended for an additional 11 months, up to a maximum of 29 months. The Social Security Administration must determine a qualified beneficiary was disabled according to Title II or XVI of the Social Security Act as of the date of the qualifying event or at any time during the first 60 days of continuation coverage. Additionally, a disabled newborn/adopted child may gain a qualified beneficiary status if the child is added to continuation coverage within 31 days of birth/adoption with the covered employee qualified beneficiary. In this instance, the first 60 days of continuation coverage for the child are measured from the date of the birth or the date of the adoption.

It is the qualified beneficiary's responsibility to obtain the disability determination from the Social Security Administration and provide a copy of the determination to EIP within 60 days after the date of determination and before the original 18 months expire. This notice can be made by any of the qualified beneficiaries. See the below listed procedures for making this notice. If these time frames are not followed, the additional 11-month extension of continuation coverage will not be provided. If coverage is extended to 29 months due to a Social Security disability, premiums will equal 150 percent of the applicable premium during the extended 11-month coverage period. This extension applies separately to each qualified beneficiary. If only non-disabled qualified beneficiaries extend coverage, the premium rate will remain at the 102 percent level.

**Second Event Extension** - An extension of the 18- or 29-month continuation period can occur due to a second event. If, during the 18 or 29 months of continuation coverage, a second qualifying event takes place (divorce, legal separation, death, or a dependent child ceasing to be eligible), coverage will be extended to 36 months from the date of the original qualifying event for any eligible dependent qualified beneficiary. It is the qualified beneficiary's responsibility to notify EIP according to the notification procedures listed below within 60 days of the second event and within the original 18- or 29-month continuation period. In no

event will continuation coverage last beyond 36 months from the date of the original event. A reduction in hours followed by a termination of employment is not a second event.

**Social Security Disability/Second Qualifying Event Notification Procedures -**

1. Complete the COBRA qualifying event notification form.
2. Make a copy of the form for your records.
3. Attach the required documentation depending upon the qualifying event.
4. Mail the notification form to EIP (or local subdivision) and document your mailing.
5. Call EIP (or local subdivision) within 10 days to ensure the notification form has been received.

Special Medicare Entitlement Rule for Dependents Only - If the employee had become entitled to Medicare benefits prior to the date of the original 18-month qualifying event, then the dependent qualified beneficiaries are eligible for the 18 months of continuation coverage, or 36 months measured from the date of the Medicare entitlement, whichever is greater. For example, if a covered employee becomes entitled to Medicare eight (8) months prior to the date on which employment terminates, the dependent qualified beneficiaries will be offered 28 months of continuation coverage ( $36-8=28$ ). The covered employee, however, is only offered 18 months.

**Length of Continuation Coverage - 36 Months** If the original event causing the loss of coverage was the death of the employee, divorce, legal separation, Medicare entitlement, or a dependent child ceasing to be eligible under the Plan, each qualified dependent beneficiary will have the opportunity to continue coverage for 36 months from the date of the original qualifying event.

**Eligibility, Premiums, and Potential Conversion Rights** - Generally, a qualified beneficiary does not have to show he/she is insurable to continue coverage but must have been covered by the Plan on the day before the qualifying event. At the end of continuation coverage, a qualified beneficiary will be allowed to enroll in an individual conversion health plan if one is available. The law also provides that continuation coverage will end prior to the maximum continuation period for a variety of reasons. Should a qualifying event occur, the election notice will detail the reasons for early termination?

**Notification of Address Change** - In order to protect your group health and/or dental insurance continuation coverage rights and to ensure all covered individuals receive information properly and efficiently, you are required to notify your benefits office of any address change as soon as possible.

Notification of address changes should be submitted in writing to:  
Colleton County Government  
P.O. Box 157  
Walterboro, SC 29488

**Any Questions?** Remember, this notice is simply a summary and is not a description of your actual health and/or dental benefits under the Plan. For questions regarding your health and/or dental benefits, refer to the Insurance Benefits Guide or call your benefits office at (843) 549-5221 or EIP at 803-734-0678 (toll-free at 888-260-9430). Should a qualifying event occur and it is determined that you are eligible for continuation of coverage; you will be notified of your actual rights at that time. Should you have any questions regarding the information contained in this notice, you should contact your benefits office at (843) 549-5221, or you may contact the Centers for Medicare and Medicaid Services in your area at 410-786-1565 or toll free 877-267-2323 ext. 61565 or you may visit the Web site at [www.cms.hhs.gov/hipaa/hipaa1/cobra](http://www.cms.hhs.gov/hipaa/hipaa1/cobra).



<sup>1</sup> Rights similar to these may apply to covered retirees and their covered spouses and dependents, subject to Plan of Benefits provisions.

<sup>2</sup> In the case of these qualifying events, the state group benefits may exceed the COBRA requirements.

Enclosure: Notification Event Form

**QUALIFYING EVENT NOTIFICATION FORM**  
Colleton County Government P.O. Box 157 Walterboro, SC 29488

This form is to be completed by a covered employee, spouse or dependent to report to the Human Resource office for certain qualifying events that may result in continuation of coverage. These events, which are listed below, must be reported within 60 days of the event or the date coverage would have been lost under the plan, whichever is later. Failure to complete and submit this form by the deadline will result in the loss of health continuation rights that are available under COBRA.

Name of Covered Employee: \_\_\_\_\_

SSN: \_\_\_\_\_

Reported by: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Please Check One:

----- Divorce -

Date of Event: \_\_\_\_\_

Attach a copy of the signed divorce decree.

----- Legal Separation -

Date of Event: \_\_\_\_\_

---

*Attach a copy of the signed legal separation document.*

----- *Child Ceases to be a Dependent -*  
*(marriage)*  
*(graduation)*  
*(loss of full-time student status)*  
*showing*

*Date of Event: -----*  
*Attach a copy of the marriage certificate.*  
*Attach a copy of the diploma.*  
*Attach a copy of a letter from the registrar*

*The date the dependent was no longer a full-time student.*

*(no longer in a parent-child relationship)*

---

*Signature*

---

*Date of Notification*

*Return to: Human Resources*  
*P.O. Box 157*  
*Walterboro, SC 29488*

**COURTESY OF  
LUNA SHARK MEDIA**

**COLLETON COUNTY PERSONNEL ACTION REQUEST**

<p><b>EMPLOYEE/APPLICANT INFORMATION</b></p> <p>Effective Date of Action: <u>Feb. 13, 2012</u></p> <p>Name: <u>Hale, Gary Allen Jr.</u></p> <p>Address: [REDACTED]</p> <p>Home Telephone Number: [REDACTED]</p> <p>Social Security Number: [REDACTED]</p> <p>Department/Agency/Office Name: <u>Jail</u></p> <p>Payroll Account Number: <u>421-05</u></p> <p>Position/Job Classification and Pay Data:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:30%;">Present</th> <th style="width:30%;">Proposed</th> </tr> </thead> <tbody> <tr> <td>Position Name</td> <td></td> <td><u>Jailer</u></td> </tr> <tr> <td>Category/Position #</td> <td></td> <td><u>JA31</u></td> </tr> <tr> <td>Grade</td> <td></td> <td><u>7</u></td> </tr> <tr> <td>Hourly Rate</td> <td></td> <td>[REDACTED]</td> </tr> <tr> <td>Annual Salary</td> <td></td> <td></td> </tr> <tr> <td>Workweek</td> <td></td> <td></td> </tr> <tr> <td>Shift/Hours Per Day</td> <td></td> <td></td> </tr> <tr> <td>Cycle</td> <td></td> <td><u>86</u></td> </tr> </tbody> </table> <p>Exempt/Salaried ( ) Non-Exempt/Hourly ( <input checked="" type="checkbox"/> )</p> <p>Employee's/Candidate's Signature: <u>[Signature]</u> Date: <u>1-31-12</u></p>		Present	Proposed	Position Name		<u>Jailer</u>	Category/Position #		<u>JA31</u>	Grade		<u>7</u>	Hourly Rate		[REDACTED]	Annual Salary			Workweek			Shift/Hours Per Day			Cycle		<u>86</u>	<p><b>Type of Transaction</b> (Check applicable items):</p> <p>New Employee ( <input checked="" type="checkbox"/> ) Regular Employee ( ) PRN ( )</p> <p>Probationary: Initial 6-month ( <input checked="" type="checkbox"/> ) Transfer/Extension 3-month ( )</p> <p>Full-time ( ) End of Probation ( ) Part-time ( )</p> <p>Non-Guaranteed Hours/Convenience of the County ( )</p> <p>Temporary ( ) Type: _____</p> <p>Provisional Timeframe: _____</p> <p>Transfer ( ) Old Position #: _____</p> <p>Other: _____</p> <hr/> <p><b>Salary Changes Due to:</b></p> <p>Ment ( ) Reclassification ( ) Demotion ( ) Promotion ( )</p> <p>Other ( ) _____</p> <p>Suspension ( ) Number of Days: _____</p> <p>Suspension with Pay ( ) Suspension without Pay ( )</p> <p>Leave: Type/Timeframe _____</p> <p>Remarks: _____</p> <p><b>**Documentation must be attached for all salary changes</b></p> <hr/> <p><b>Termination Action</b> (Check applicable item):</p> <p>Resignation w/status ( ) Resignation w/o Status ( )</p> <p>Layoff ( ) Retirement ( ) Disciplinary ( ) Probation/Reject ( )</p> <p>Terminated at the Pleasure of Elected Official ( )</p> <p>Other: <u>JAN - 6 2012</u></p> <p>Additional Remarks: _____</p> <p align="center"><b>RECEIVED</b> COLLETON COUNTY HUMAN RESOURCES</p> <p><b>**Documentation must be attached to support termination</b></p> <hr/> <p><b>DEPARTMENTAL REVIEW:</b></p> <p>Division Head/Supervisor: [REDACTED] Date: <u>2-1-2012</u></p> <p>Supervisor's Head/Chief/Officer: [REDACTED] Date: _____</p>
	Present	Proposed																										
Position Name		<u>Jailer</u>																										
Category/Position #		<u>JA31</u>																										
Grade		<u>7</u>																										
Hourly Rate		[REDACTED]																										
Annual Salary																												
Workweek																												
Shift/Hours Per Day																												
Cycle		<u>86</u>																										
<p><b>FINAL REVIEW:</b></p> <p>[REDACTED] Date: <u>2/14/12</u></p> <p>[REDACTED] Date: <u>2/15/12</u></p> <p>[REDACTED] Date: <u>2-15-12</u></p>																												

# COLLETON COUNTY GOVT.

## EMPLOYMENT APPLICATION

RETURN TO:



### 1. APPLYING FOR:

Job Title Colleton County Jail  
Position Number \_\_\_\_\_ Location Colleton County

### 2. HOW DO WE CONTACT YOU?

Social Security Number \_\_\_\_\_ Your Name Gregory Allen Hale Jr.  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

### 3. TELL US ABOUT YOUR EDUCATION:

High School (Name) Colleton County High School (Location) Walterboro  
Diploma  Other (Specify)  \_\_\_\_\_ Highest Grade Completed 12<sup>th</sup>  
College Graduate? Yes  No  If no, give total credit received \_\_\_\_\_ Your Name If Different While Attending School: \_\_\_\_\_

#### Give name & address of school, major course of study, and degree received.

Undergraduate College / University		Graduate School	
Degree	Year Degree Obtained	Degree	Year Degree Obtained
Pertinent Undergraduate Courses	Credits	Pertinent Graduate Courses	Credits

### Job-Related Training and Course Work

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency).

## 4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide a explanation for any gaps in employment. All information in this section must be complete. A résumé may be attached, but not substituted for completing this section.

1. Name of Present or Last Employer Cummings Owl  
 Address 473 Greenpond Hwy Walterbar Phone (843) 549-952  
 Job Title Icehouse Mng.

Number Supervised 1 Supervisor's Name Jesse Stanley  
 From Sept 1 109 To present 1 Hours Per Week 40 Salary \$9.50

May we contact this employer?  Yes  No

Job Duties (give details)

- Service work and installations
- Managing / operating Ice house
- Delivering Ice
- Filling Propane tanks
- Inventory warehouse
- Filing paper works
- Assisting in the office when needed

Reason for Leaving

2. Your Next Most Recent Employer Lewis tree trimming  
 Address Charleston Sc Phone (843) 490-0018  
 Job Title Ground Man

Number Supervised 0 Supervisor's Name Landis  
 From May 1 109 To Sep 1 109 Hours Per Week 40 Salary \$10.50

Job Duties (give details)

- chip up brush
- Cut down trees
- Clear service wires.

Reason for Leaving

Dissagreement

3. Your Next Most Recent Employer Bi-Lo  
 Address 550 Robinson Blvd Phone (843) 549-1793  
 Job Title Deli/Bakery

Number Supervised 0 Supervisor's Name Tina Ellis  
 From March 1 109 To May 1 109 Hours Per Week 25 Salary \$6.85

Job Duties (give details)

- Man cash Register
- Prepare cook serve food
- Provide customer service
- Clean deli/Bakery

Reason for Leaving

Better Job



4. Your Next Most Recent Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_  
 Job Duties (give details)

Reason for Leaving

5. Your Next Most Recent Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_  
 Job Duties (give details)

Reason for Leaving

6. Your Next Most Recent Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_  
 Job Duties (give details)

Reason for Leaving

LUNA SHARKY OF MEDIA



Do you possess a valid driver's license?  Yes  No South Carolina (State) If yes, provide

Number [REDACTED] Expiration Date 08-31-16 Class: (check one)  A  B  C  D  E  F  M

Do you have any relatives employed with Colleton County? If yes, please provide names below:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Agency \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Agency \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No

Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) \_\_\_\_\_

Where Convicted	Date	Disposition/Status
-----------------	------	--------------------

Have you ever been terminated or forced to resign from any job?  Yes  No If yes, explain \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Give the names of two people, not relatives, who are familiar with your work.

Name Jesse Stanley Address Hampton SC Phone [REDACTED]

Name Elle Regalado Address Walterboro SC Phone [REDACTED]

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS**

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Colleton County, which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of Colleton County to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature [REDACTED] Date 1-23-12

**Certification of Applicant:** By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature [REDACTED] Date 1-23-12



HALE GAILEY ALLEN JR

DOB: [REDACTED]  
Issued: 07-13-2006  
Expires: 08-31-2016  
Class: D  
Sex: M  
Weight: 140  
Height: 6-01  
Restrict: None  
Endorse: None

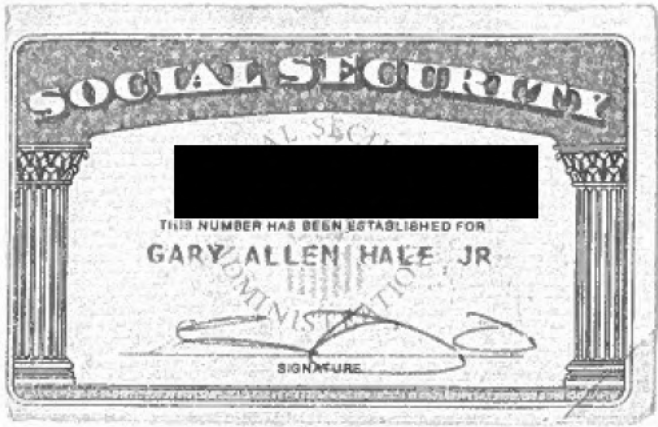


UNDER 18 UNTIL [REDACTED]

South Carolina  
EST. 1776  
DRIVER'S LICENSE

COURTESY OF  
LUNA SHARK MEDIA





COURTESY OF  
LUNA SHARK MEDIA

# COLLETON COUNTY PERSONNEL POLICY MANUAL

## DISCLAIMER

ALL EMPLOYEES OF COLLETON COUNTY ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY REASON. NOTHING IN ANY OF COLLETON COUNTY'S RULES, POLICIES, HANDBOOKS, PROCEDURES, OR OTHER DOCUMENTS RELATING TO EMPLOYMENT CREATES ANY EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PAST PRACTICES OR PROCEDURES, WHETHER ORAL OR WRITTEN, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. NO PROMISES OR ASSURANCES, WHETHER ORAL OR WRITTEN, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING; 2) THE DOCUMENT IS LABELED "CONTRACT"; 3) THE DOCUMENT STATES THE DURATION OF EMPLOYMENT; AND 4) THE DOCUMENT IS APPROVED BY COUNTY COUNCIL AND SIGNED IN ACCORDANCE WITH COUNCIL'S AUTHORIZATION.

I ACKNOWLEDGE RECEIPT OF COLLETON COUNTY'S PERSONNEL POLICY AND UNDERSTAND THAT IT IS NOT A CONTRACT OF EMPLOYMENT.

Gary A. Hale Jr.  
Printed Name

2-13-12  
Date

Approved & Effective: Nov. 6, 2009  
Supersedes all previous CCPPM editions

# COLLETON COUNTY SAFETY POLICY MANUAL

I acknowledge receipt of Colleton County's Safety Policy Manual and understand that all Colleton County employees, volunteers, and contract workers are expected to comply with safety procedures, policies, and guidelines; to be aware of, report, and/or address potential hazards; and to work at all times to promote a safe and accident-free environment.



Signature of Employee

Gary A. Hale Jr.  
Printed Name

2-13-12  
  
Date

Policy Effective Date: 9/5/06

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>1</u>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>0</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>0</u>
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>0</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>0</u>
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>1</u>
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</li> <li>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2012</h1>
1 Your first name and middle initial <u>Gary A. [redacted]</u>		2 Your social security number <u>[redacted]</u>
Last name <u>Hale Jr</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck		8 \$ <u>0</u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <u>7</u>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <u>[redacted]</u>		Date ▶ <u>2-13-12</u>
9 Employer's name and address (Employer's name and address)		10 Employer identification number (EIN)

COPY

Form 1100  
Revised 08/24/2011  
Page 1

**RETIREMENT PLAN ENROLLMENT**  
SC Budget and Control Board  
South Carolina Retirement Systems  
Attention: Enrollment  
Box 11960, Columbia, SC 29211-1960

Print or type in black ink  
and sign in blue ink.  
Please read the  
instructions on Page 2  
before completing this  
form.

**ACTION REQUESTED (Check one):**

- NEW ENROLLEE (First-time membership)
- OPEN ENROLLMENT (Irrevocable election from State ORP)
- CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
- CHANGE OF INFORMATION
  - Name (Prior Name): \_\_\_\_\_  
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
  - Address
  - SSN (Old Number): \_\_\_\_\_
  - Date of Birth

**SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)**

1. Last Name & Suffix <u>Hale Jr.</u>	2. First/ Middle Name <u>Gary Allen</u>	3. Social Security Number (attach copy of [REDACTED])
4. Address [REDACTED]		
M Male F Female	member of the South Carolina Retirement Systems? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Did you withdraw your contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes
13. Do you currently have a pending refund request? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. Are you now receiving or have you applied to receive a monthly benefit from any of the Retirement Systems' retirement plans? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process	

15. Retirement Plan Election (CHOOSE ONE) <input type="checkbox"/> SCRS <input checked="" type="checkbox"/> FORS (See Instructions) <input type="checkbox"/> State ORP (If State ORP, please complete item 16.) <input type="checkbox"/> GARS - Senator (100.01) <input type="checkbox"/> GARS - Representative (100.02) <input type="checkbox"/> JSRS - Judge (001.00) <input type="checkbox"/> JSRS - Solicitor (002.00) <input type="checkbox"/> JSRS - Circuit Public Defender (003.00)	16. Select ORP Vendor <input type="checkbox"/> VALIC <input type="checkbox"/> MetLife <input checked="" type="checkbox"/> TIAA-CREF <input type="checkbox"/> The Hartford
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17. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS) may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).  
If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.  
I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until the Retirement Systems receives from me a properly executed beneficiary form.  
My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 15 above.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Employee's Signature: [REDACTED] Date: 2-23-12 Witness: \_\_\_\_\_  
(Required only when signed by male)

**SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)**

18. Employer Code <u>715.01</u>	19. Employer Name <u>Colleton County Gov't</u>	20. Please indicate if you are the employee's primary or secondary employer. (Annual member statements are sent to primary employers for distribution to members.) <input checked="" type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer
21. Original Date of Hire with Employer listed in Items 18-19 <u>02-13-2012</u>	22. Date of Membership <u>02-13-2012</u>	23. Employee's Position Title <u>Jailer</u>
24. Employee's Annual Salary [REDACTED]		25. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.

Employer Signature: [REDACTED] Date: 02/23/2012 Work Telephone Number: (843) 549-5221

COLLETON COUNTY GOVERNMENT  
TERMS OF EMPLOYMENT

Employee Name: Gary Allen Dale, Sr.  
Department: CCSO - Detention Position: Police  
Date of Hire: 02/13/12 SSN: [REDACTED]

In compliance with Section 41-10-30 of the South Carolina Code of Laws, 1976, as amended, you are hereby notified of the terms of your employment:

Full-Time  Part-Time  Exempt  Non-Exempt

Hours per Workweek: 43.0 Hours per Pay Period: 86.0

Pay Rate: Hourly [REDACTED] Annually N/A

Colleton County Government operates on a BI- Weekly payroll period, (every other Friday, 26 pay periods per year).

Direct Deposit Stubs and Pay checks are issued to the Department Head or designated representative after 2:00 p.m. on the Thursday preceding payday from the County Administrator's Office, Room 212, of the J.P. Harrelson Building, Walterboro, South Carolina. Payroll is processed for direct deposit into checking/savings accounts, stipulated by employee to be available by 12:00 noon on pay date.

**Deductions presently known to Colleton County Government to be made from 1<sup>st</sup> two (2) paychecks in each month other than Income Taxes and FICA:**

[REDACTED]

**The following deductions will be made from all bi-weekly (26) paychecks:**

Retirement: South Carolina  Police Officers  Non-Elected

**Additional Elective Deductions:**

American Family Assurance Company (AFLAC)  
Cannady's Insurance Agency  
Colonial Life & Accident Insurance Company  
Family Court Payments (Mandatory when ordered by Judge)

[REDACTED]  
EMPLOYEE SIGNATURE

[REDACTED]  
WITNESS

2-23-12  
DATE

2/23/12  
DATE



**Colleton County Government  
Human Resource Department  
31 Klein Street  
P. O. Box 157  
Walterboro, South Carolina 29488  
Phone: (843) 549-5221  
Fax: (843) 549-7215**

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**I certify that I was given an information packet with all the contents referenced the 2012 *Benefits Administrator Manual*.**

**I was advised of the available benefits (per checklists), plan limitations, pre-existing condition information, and was given the opportunity to enroll in all programs.**

[Redacted Signature]

**Employee Signature**

7-23-12  
**Date**

COURTESY MEDIA  
LUNA SHARK