

Racine County Sheriff's Office Transition Form

Please fill out this form entirely when an employee is transitioned and email to
Kronos@racinecounty.com .

If the transition is due to a promotion or transfer between two areas, please include that in the comments. If they should be assigned to a specific seat it should be in the comments. If a specific seat is not listed, they will be placed in the pool for their shift.

This form is used by Payroll to determine if an employee should be eligible for holiday pay, Sheriff Kelly Days, Sheriff Days, etc. **Payroll should be notified prior to the change occurring** to ensure the employee is paid correctly. After payroll has determined the transition schedule, they will email the information to the Captains, Lieutenants, Sergeants, Training Sergeant, Administrative Assistant, Records Supervisor, Human Resources staff, and Payroll Staff.

Employee Name:		Employee #:		Effective Date:	
Shift Start Time:		Region:		Specific Position (if applicable):	
Current Day Off Group (1-4):		New Day Off Group (1-4):			
New Supervisor:					
Sheriff Kelly Days:	Yes	No	If yes, how many days? (1-7):		
One Time \$300 Clothing Allowance:	Yes		No		
Comments:					

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New Supervisor:					
Sheriff Kelly Days:	Yes	No	If yes, how many days? (1-7):		
One Time \$300 Clothing Allowance:	Yes		No		
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Comments:					