



Ray Helm
Constable Precinct 3 Hays County Texas

Effective 7/31/2020

I will resign as Constable Pct.3

Sincerely yours,

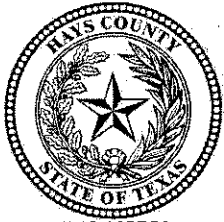
Ray E Helm III
Constable, Precinct 3
Hays County, Texas

A handwritten signature in black ink, appearing to read "X / [unclear]".

200 Still Water Road/ P.O. Box 1316,
(512) 847-5532

ray.helm@co.hays.tx.us

Wimberley, Texas 78676
Fax (512) 847- 7352



STATUS/PAYROLL CHANGE NOTICE

EFFECTIVE DATE: 7/31/20		PLEASE NOTE THE FOLLOWING CHANGE(S)	
EMPLOYEE: Ray Helm		EMPLOYEE NO. 4180	
DEPARTMENT: HCCO Pct 3			
X	CHANGE(S)	FROM	TO
	Position Title	2004	7/31/20
	Position Number & Slot		
	Grade		
	Pay Rate		
	Uniform Allowance		
	Phone Allowance		
	Special Assignment Pay		
	Certification Pay		
	Shift Differential Pay		
	<input type="checkbox"/> FLSA <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		
REASON(S) FOR THE CHANGE(S)			
<input type="checkbox"/>	Hired	<input type="checkbox"/>	Re-hired
<input type="checkbox"/>	Probationary/Training Period Ended	<input type="checkbox"/>	Merit Increase
<input type="checkbox"/>	Promotion	<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Re-evaluation of Job	<input type="checkbox"/>	Demotion (voluntary include employee request)
<input checked="" type="checkbox"/>	Resignation (include the resignation letter)	<input checked="" type="checkbox"/>	Retirement (include the resignation letter)

<input type="checkbox"/>	Layoff	<input type="checkbox"/>	Discharged
<input type="checkbox"/>	Other:		
Reason/Notes/Other Info :			
Performance Evaluation Received		New Job Description Received	
		ID Badge Returned to HR	
Leave of Absence From:		Until:	
FMLA Qualifying Event (click on link for more information): <input type="checkbox"/> Yes <input type="checkbox"/> No			
HR Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Department Head/Supervisor Signature:		Date: 7/22/20	
Human Resources Signature:		Date:	

Revised 12-2018

Employee Name:			
For Department Head Completion:			
<input type="checkbox"/>	References Checked		
<input type="checkbox"/>	Credit Report, if required		
Add to Driver's License Liability Coverage:		<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, DL#
		DOB	
For HR Completion:			
<input type="checkbox"/>	I-9		
<input type="checkbox"/>	Criminal History Checked		

<input type="checkbox"/>	Drug/Alcohol Screen
<input type="checkbox"/>	Physical
<input type="checkbox"/>	Benefits
<input type="checkbox"/>	ID Badge Issued/Returned Badge #
<input type="checkbox"/>	DL verified
Items Needed:	

Revised 01-2016