

EMPLOYMENT AND CHANGE OF STATUS REQUEST

043-17145

DEPARTMENT Nursing HomeEMPLOYEE Boyle, BettyDATE: 5/9/78For New Employees OnlyPosition Title: Laundry AidePosition Classification: Laundry Aide*Assistant*

Position is: (check one)

☐ Permanent Full-time
☐ Permanent Part-time
☐ Temporary Full-time
☒ Temporary Part-time

Effective Date 5/11/78
 Monthly Salary/Hourly Rate 2.65
 Budget Number 0432701
 Hours per week 37 1/2

COMMENTS:

Entered in Journal

at Page

7778
 1728

For Change of Status Only

Employee Was:

Change To:

☐ Permanent Full-time
☐ Permanent Part-time
☐ Temporary Full-time
☐ Temporary Part-time

☐ Permanent Full-time
☐ Permanent Part-time
☐ Temporary Full-time
☐ Temporary Part-time

Effective Date: _____

CHANGE:

Budget Number _____
 Position Title _____
 Classification _____
 Monthly Salary/Hourly Rate _____
 Name _____
 Hours Per Week/Month _____

From _____	to _____
From _____	to _____
From _____	to _____
From _____	to _____
From _____	to _____
From _____	to _____

COMMENTS:

For New Employees and Change of StatusWill employee drive a County vehicle on a regular basis: Yes _____ No ☒

If yes, has a driver's license check been made? Yes _____ No _____

If yes, forward a copy of results with this form for filing in personnel office.

If no, make check and forward a copy of results as soon as possible to personnel office.

James H. Harts
 DEPARTMENT HEAD

DATE: 5-9-78

[Signature]
 CHAIRMAN OF THE BOARD

[Signature]
 COUNTY COMMISSIONER

[Signature]
 COUNTY COMMISSIONER

APPROVED

DISAPPROVED

DATE: 10 May 78

REQUEST FOR EMPLOYEE TERMINATION

DATE May 5, 1978

SECTION I (To be completed by Department Head)

Name Loretta Leslie Date of Termination May 12, 1978
Address Box 97, Keno, OR 97627
Employee Fund 0501130 Dept. Library Employee No. 050-56978 Marital Status M
(Single or Married)
Termination Salary \$114.86/mo Days Worked 6 Hours Worked 16

(Signed) Edna R. Karazog
DEPARTMENT HEAD

Rate of Pay	Hours of days due	Overtime Hours due	Earnings due
Budget #1 \$ <u>114.86/mo</u>	<u>16</u>	<u>0</u>	<u>0</u>
Vacation days due	<u>0</u>		
Comp. time hrs. due	<u>0</u>		
Prior sick days due	<u>0</u>		
TOTAL BUDGET #1	<u>16</u>		
Budget #2 \$ _____			
#3 _____			
#4 _____			
#5 _____			
TOTAL GROSS DUE			

SECTION II (To be completed by Commissioners' Office)

	Accrued time	Used in current month	Earned in Current month
Vacation Days			
Comp. time			
Prior sick days			

BOARD OF COUNTY COMMISSIONERS

Approved and so ordered this 10 day of May, 1978.

Chairman of the Board
[Signature]
County Commissioner

County Commissioner

EMPLOYMENT AND CHANGE OF STATUS REQUEST 043-45377

DEPARTMENT Nursing Home

EMPLOYEE: Holloway, Mary DATE: 5/9/78

For New Employees Only

Position Title: Tumbler Operator

Position Classification: Tumbler Operator

Position is: (check one)

☐ Permanent Full-time
☐ Permanent Part-time
☐ Temporary Full-time
☒ Temporary Part-time

Effective Date 5/10/78
 Monthly Salary/Hourly Rate \$2.75
 Budget Number 0432703
 Hours per week 37 1/2

COMMENTS:

Entered in Journal No. 778
 at Page 1730

For Change of Status Only

Employee Was:

Change To:

☐ Permanent Full-time
☐ Permanent Part-time
☐ Temporary Full-time
☐ Temporary Part-time

☐ Permanent Full-time
☐ Permanent Part-time
☐ Temporary Full-time
☐ Temporary Part-time

Effective Date: _____

CHANGE:

Budget Number	From _____	to _____
Position Title	From _____	to _____
Classification	From _____	to _____
Monthly Salary/Hourly Rate	From _____	to _____
Name	From _____	to _____
Hours Per Week/Month	From _____	to _____

COMMENTS:

For New Employees and Change of Status

Will employee drive a County vehicle on a regular basis: Yes _____ No ☒

If yes, has a driver's license check been made? Yes _____ No _____

If yes, forward a copy of results with this form for filing in personnel office.

If no, make check and forward a copy of results as soon as possible to personnel office.

DEPARTMENT HEAD [Signature]

DATE: 5-8-78

CHAIRMAN OF THE BOARD [Signature]

COUNTY COMMISSIONER [Signature]

COUNTY COMMISSIONER [Signature]

DATE: 10 Aug 78

☒ APPROVED
☐ DISAPPROVED

1967/50

KNOW ALL MEN BY THESE PRESENTS, That Edith C. Friesen

, hereinafter called the grantor, for the consideration hereinafter stated,
to grantor paid by Robert C. Friesen, hereinafter called the grantee,
does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that
certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, sit-
uated in the County of Klamath and State of Oregon, described as follows, to-wit:

The North half of Lot 5, in Block 4, WILLIAMS ADDITION to
the City of Klamath Falls, Oregon, according to the duly
recorded plat thereof on file in the records of Klamath
County, Oregon.

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.
And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that
grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

excepting, however, those easements or restrictions of
record or apparent upon the face of the land.

and that
grantor will warrant and forever defend the above granted premises and every part and parcel thereof against the law-
ful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ None
However, the actual consideration consists of or includes other property or value given or promised which is
the whole consideration (indicate which).

In construing this deed and where the context so requires, the singular includes the plural.
WITNESS grantor's hand this 19th day of December, 1973.

STATE OF OREGON, County of Klamath, ss. December 19, 1973.
Personally appeared the above named Edith C. Friesen

and acknowledged the foregoing instrument to be her voluntary act and deed.

Before me: J. R. Thorne
Notary Public for Oregon
My commission expires 12/4/76

NOTE—The sentence between the symbols (), if not applicable, should be deleted. See Chapter 462, Oregon Laws 1967, as amended by the 1967 Special Session.

WARRANTY DEED

Edith C. Friesen

TO

Robert C. Friesen

AFTER RECORDING RETURN TO

Thomas, Beesley & Couch
930 Klamath Avenue
Klamath Falls, Oregon
97601

(DON'T USE THIS
SPACE; RESERVED
FOR RECORDING
LABEL IN COUN-
TIES WHERE
USED.)

STATE OF OREGON

County of Klamath ss.

I certify that the within instru-
ment was received for record on the
27th day of January, 1978,
at 4:42 o'clock P.M., and recorded
in book M78 on page 1723 or as
filing fee number 42327, Rec-
ord of Deeds of said County.

Witness my hand and seal of
County affixed.

Wm. D. Milne

County Clerk

Title

By Bernhardt Helich Deputy

Fee \$3.00

633

ck

300