

# SWCD EMPLOYEE BENEFIT FORM

**DISTRICT:**

"SELECT DISTRICT"

**EMPLOYEE NAME:**

## POSITION INFORMATION

**CURRENT POSITION:**

"SELECT POSITION"

**REQUESTED POSITION:**

"SELECT POSITION"

## STATE STIPEND INFORMATION

**CURRENT HOURLY RATE:**

**REQUESTED HOURLY RATE:**

**EFFECTIVE DATE:**

"SELECT"

## SIGNATURE APPROVAL

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**BOARD MEMBER SIGNATURE**

**DATE**

Please submit board approved form to: [soil&waterconservationprogram@swcd.mo.gov](mailto:soil&waterconservationprogram@swcd.mo.gov)