

PROSECUTING ATTORNEY ASSIGNMENT PAYROLL FORM
 (Chief Deputy and Deputy Prosecutors)
Required by Administrative Rule 5(C)



PROSECUTOR: _____
 COUNTY: _____

State Court Administration

Check one: Appointment Termination Ongoing Employment

Effective Date: _____

Employee's Name: _____			
Home Address: _____			
Home Phone Number: _____			
Work Address: _____			
Work Phone Number: _____		Email Address: _____	
Social Security Number (Attach copy of SS Card) _____			
Date of Birth: _____	Gender:	Male	Female
Marital Status:	Single	Married	Divorced

✓ Select Position	✓ Check One	
___ Chief Deputy Prosecutor (State Paid)	Part-time	Full-time
___ Deputy Prosecutor (State Paid)	Part-time	Full-time

Name of Employee being replaced: _____

Prosecuting Attorney's Signature: _____ Date: _____

Please complete and return this original form to: Division of State Court Administration, 30 South Meridian St., Suite 500, Indianapolis, IN 46204, at least two weeks prior to commencement or termination of employment. (Please send as soon as you are aware if a two week notice is not feasible.) Faxed forms are not acceptable. Copies of this form are also available at: www.courts.in.gov/admin/services/forms.html