

**SPECIAL CALLED MEETING
AGENDA**

All items are for discussion and possible action.
Perquimans County Board of Commissioners
Perquimans County Library Program Room
February 16, 2026
7:00 p.m.

**ACTION
REQUIRED**



- I. **Call to Order**
- II. **Prayer & Pledge**
- III. **Approval of Agenda**
- IV. **Special Called Meeting**
The purpose of the Special Called Meeting is to discuss tax matters, personnel matters, board appointments, budget amendments, Emergency Services matters, and the Perquimans County History Museum.
- V. **New Business**
 - A. Tax Refund & Tax Release Approvals
 - B. Personnel Matters
 - C. Board Appointment
 - D. Budget Amendments
 - E. Emergency Services - Appointment
 - F. Emergency Services – Request
 - G. Perquimans History Museum – Request
- VI. **Adjournment of Special Called Meeting**
- VII. **Work Session (Cancelled)**
- VIII. **Adjournment**

**ACTION
REQUIRED**

**ACTION
REQUIRED**

NOTES FROM THE COUNTY MANAGER

February 16, 2026

7:00 p.m.

Special Called Meeting

The purpose of the Special Called Meeting is to discuss tax matters, personnel matters, board appointments, budget amendments, and Emergency Services matters.

- A. Tax Refund & Tax Release Approvals
- B. Personnel Matters

Dept	Employee Name	Employee Status	Employee Job Title	Grade/Step	New Salary	Effective Date
911	Jenn Holden	FT Hire	Non-Certified Telecommunicator	60/1	\$15.62/hr.	02/01/2026
Board of Elections	Sabrina Sanders	PT Hire	PT/FI Board of Elections Staff	n/g	\$13.24/hr.	01/01/2026
EMS	Rebecca Murray	PT Hire	PT/FI EMT	64/1	\$18.63/hr.	02/01/2026
EMS	Jamie Smith	PT Hire	PT/FI EMT	64/1	\$18.63/hr.	02/01/2026
EMS	Sherri Eure	PT Hire	PT/FI Paramedic	68/6	\$25.10/hr.	02/01/2026
EMS	Dakota Mayo	Reclassification	EMT	64/1	\$18.63/hr.	02/01/2026
911	Isabella Buzzetta	Reclassification	Telecommunicator I	64/1	\$18.63/hr.	02/01/20226
EMS	Dustin VanHorne	Reclassification	Paramedic I	68/5	\$24.49/hr.	02/01/2026
DSS	Samantha Joyner	Reclassification	Income Maintenance Caseworker II	63/1	\$37,081.00	01/01/2026
911	Sarah Gallop	Reclassification	Telecommunicator I	64/1	\$18.63/hr.	01/01/2026
911	Andrea Myers	Reclassification	PT/FI Telecommunicator I	64/1	\$18.63/hr.	02/01/2026
EMS	Hunter Russell	Reclassification	PT/FI AEMT	66/1	\$20.35/hr.	02/01/2026
EMS	Emily Gividen	Reclassification	PT/FI AEMT	66/1	\$20.35/hr.	02/01/2026
EMS	Shawn Mims	Step Increase	AEMT I	66/3	\$21.36/hr.	02/01/2026
DSS	April Bond	Step Increase	Income Maintenance Caseworker II	63/3	\$38,934.00	01/01/2026
DSS	Marica Harris	Step Increase	Income Maintenance Caseworker II	65/2	\$41,507.00	02/01/2026
DSS	Jovan Ward	Merit Increase	Income Maintenance Investigator II	65/8	\$48,049.00	02/01/2026
EMS	Kerry Lahr	Termination	EMT			12/05/2025
DSS	Ashley Britt	Resignation	Income Maintenance Caseworker II			12/31/2025
911	Leticia Demps	Resignation	NC PT/FI TC I			01/29/2026
DSS	Kyne Downing	Resignation	Social Worker IA&T			01/30/2026
EMS	Codie Glover	Removal from Roster	PT/FI AEMT			01/09/2026
DSS	Bryhana Midgette	Resignation	Social Worker IA&T			02/06/2026

C. Board Appointment:

- 1. Town of Hertford ETJ – Joe Towe White

D. Budget Amendment No. 9 – Perquimans Farm Service & 4-H Accounts

- Budget Amendment No. 10 – E911 Fund
- Budget Amendment No. 11 – BOE – Capital Outlay
- Budget Amendment No. 12 – Beaver Control Program

E. Jonathan Nixon – Emergency Services Director: Appointment of the new EMS Medical Director – Dr. Gilliam – A vote is required for this action.

F. Jonathan Nixon – Emergency Services Director: Mr. Nixon will present a video about the CPR World Record Training Event and then requests the Boards participation.

G. Sid Eley – Requests the use of an empty room within the museum that was previously rented by a third party.

PERQUIMANS COUNTY RELEASES

BETTY EURE **\$307.68**

NATIONAL RESERVE WAS ASSESSED EXTREMELY
HIGH DURING REVAL

ACCOUNT#: 491542 (4-D053-D000-SL2)

PERQUIMANS COUNTY REFUNDS

JERRY JOHNSON **\$234.00**

DID NOT RECEIVE VETERAN DISCOUNT.

ACCOUNT#: 538570

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Jenn Holden SOC. SEC. NO.: _____

POSITION: Full Time Non-Certified Telecommunicator DEPT.: 911

NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 60 STEP: 1 SALARY: \$15.62 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____
Date

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____
Date

_____ DATE OF EMPLOYEE TERMINATION
Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. GRADE: _____ STEP: _____ SALARY: _____
Date

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]

[Signature]

DATE: _____

DATE: Feb. 7, 2026

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: Jan. 1, 2021

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE/ RECLASSIFICATION

NAME: Sabrina Sanders

SOC. SEC. NO.: 227-68-5855

POSITION: PT/FT Elections Staff

DEPT.: 10-4-30

NEW EMPLOYEE EFFECTIVE DATE: Jan. 1, 2021

GRADE: _____ STEP: _____ SALARY: \$13.24

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

_____ DATE OF EMPLOYEE RESIGNATION/TERMINATION.

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. DATE GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

Robbin L. Cherry

DATE: Jan. 1, 2021

COUNTY MANAGER APPROVAL

[Signature]

DATE: _____

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Rebecca Murray

SOC. SEC. NO.: _____

POSITION: Part-Time Fill-In EMT

DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 64 STEP: 1 SALARY: \$18.63 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION
Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/28/26

[Signature]
DATE: 1-27-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Jamie Smith

SOC. SEC. NO.: _____

POSITION: Part-Time Fill-In EMT

DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 64 STEP: 1 SALARY: \$18.63 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

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DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/28/26

[Signature]
DATE: 1-27-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Sherri Eure

SOC. SEC. NO.: _____

POSITION: Part-Time Fill-In Paramedic

DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 68 STEP: 6 SALARY: \$ 25.10 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION
Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION
[Signature]
DATE: 01/29/2026

COUNTY MANAGER APPROVAL
[Signature]
DATE: 1-29-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Dakota Mayo SOC. SEC. NO.: _____

POSITION: Full Time EMT DEPT.: EMS

X NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 64 STEP: 1 SALARY: \$18.63 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.
Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]

[Signature]

DATE: 1-8-26

DATE: 1-29-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Isabella Buzzetta SOC. SEC. NO.: _____

POSITION: Full Time Certified Telecommunicator I DEPT.: 911

X NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 64 STEP: 1 SALARY: \$ 18.63 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

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Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/26/2026

[Signature]
DATE: 1-26-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Dustin VanHorne

SOC. SEC. NO.: _____

POSITION: Full-Time Paramedic I

DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 68 STEP: 5 SALARY: \$24.49 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION
Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/06/2026

[Signature]
DATE: 1-6-26

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Samantha Joyner

SOC. SEC. NO.: 8473

POSITION: Income Maintenance Caseworker II

DEPT.: Social Services

NEW EMPLOYEE EFFECTIVE DATE: _____
GRADE: _____ STEP: _____ SALARY: _____
ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 61 STEP: 3 SALARY: \$34,955.00

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

X 1/1/2026 DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: 63 STEP: 1 SALARY: \$37,081.00

_____ DATE OF EMPLOYEE TERMINATION
Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

[Signature]
DATE: January 23, 2026

COUNTY MANAGER APPROVAL

[Signature]
DATE: 1-26-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Sarah Gallop SOC. SEC. NO.: _____

POSITION: Full-Time Certified Telecommunicator I DEPT.: 911

X NEW EMPLOYEE EFFECTIVE DATE: January 1, 2026

GRADE: 64 STEP: 1 SALARY: \$18.63 Hourly

ENDING DATE OF PROBATIONARY PERIOD: January 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

_____ DATE OF EMPLOYEE RESIGNATION

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/27/2026

[Signature]
DATE: 1-27-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Andrea Myers SOC. SEC. NO.: _____

POSITION: Part-Time Fill-In Certified Telecommunicator I DEPT.: 911

NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 64 STEP: 1 SALARY: \$18.63 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
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_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
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_____ DATE OF EMPLOYEE RESIGNATION
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Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/26/2026

[Signature]
DATE: 1-26-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Hunter Russell

SOC. SEC. NO.: _____

POSITION: Part Time Fill In AEMT

DEPT.: _____

NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 66 STEP: 1 SALARY: \$ 20.35 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
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Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 1/15/26

[Signature]
DATE: 1-26-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Emily Gviden

SOC. SEC. NO.: _____

POSITION: Part Time Fill In AEMT

DEPT.: _____

X NEW EMPLOYEE EFFECTIVE DATE: February 1, 2026

GRADE: 66 STEP: 1 SALARY: \$ 20.35 Hourly

ENDING DATE OF PROBATIONARY PERIOD: February 1, 2027

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
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Date GRADE: _____ STEP: _____ SALARY: _____

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DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 1/15/26

[Signature]
DATE: 1-26-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Shawn Mims

SOC. SEC. NO.: _____

POSITION: Full Time AEMT I

DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: _____
GRADE: _____ STEP: _____ SALARY: _____
ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
Date TIONARY PERIOD.

_____ DATE OF EMPLOYEE RESIGNATION
Date

X 2-1-2026 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 66 STEP: 3 SALARY: 21.36 Hourly

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/28/26

[Signature]
DATE: 1-27-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: April Bond

SOC. SEC. NO.: 2461

POSITION: Income Maintenance Caseworker II

DEPT.: Social Services

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 63 STEP: 2 SALARY: \$37,264.00

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

X 1/1/2026 DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: 63 STEP: 3 SALARY: \$38,934.00

_____ DATE OF EMPLOYEE TERMINATION

_____ DATE OF EMPLOYEE RESIGNATION

_____ DATE OF REMOVAL FROM ROSTER

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

[Signature]

DATE: January 23, 2026

COUNTY MANAGER APPROVAL

[Signature]

DATE: 1-26-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Marica Bazemore-Harris

SOC. SEC. NO.: 0040

POSITION: Income Maintenance Caseworker III

DEPT.: Social Services

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 65 STEP: 1 SALARY: \$40,493.00

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

X 2/1/2026 DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: 65 STEP: 2 SALARY: \$41,507.00

_____ DATE OF EMPLOYEE TERMINATION
Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

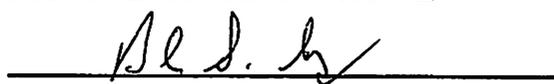
THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION



DATE: January 14, 2026

COUNTY MANAGER APPROVAL



DATE: 1-22-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Jovan Ward

SOC. SEC. NO.: 2109

POSITION: Income Maintenance Investigator II

DEPT.: Social Services

NEW EMPLOYEE EFFECTIVE DATE: _____
GRADE: _____ STEP: _____ SALARY: _____
ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 65 STEP: 7 SALARY: \$46,877.00

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

X 2/1/2026 DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: 65 STEP: 8 SALARY: \$48,049.00

_____ DATE OF EMPLOYEE TERMINATION
Date

_____ DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

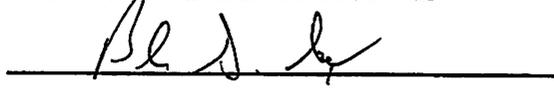
THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION



DATE: January 14, 2026

COUNTY MANAGER APPROVAL



DATE: 1-22-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Kerry Lahr

SOC. SEC. NO.: _____

POSITION: Full time EMT

DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBA-
Date TIONARY PERIOD.

X 12-5-2025 DATE OF EMPLOYEE TERMINATION
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/26/2026

[Signature]
DATE: 1-26-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Ashley Britt

SOC. SEC. NO.: 3872

POSITION: Income Maintenance Caseworker II

DEPT.: Social Services

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION
Date

12/31/2025 DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

[Signature]

DATE: December 18, 2025

COUNTY MANAGER APPROVAL

[Signature]

DATE: 1-27-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Leticia Demps SOC. SEC. NO.: _____

POSITION: Non-Certified Part-Time Fill-In Telecommunicator DEPT.: 911

NEW EMPLOYEE EFFECTIVE DATE: _____
GRADE: _____ STEP: _____ SALARY: _____
ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION
Date

1-29-2026 DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

[Signature]
DATE: 01/29/2026

COUNTY MANAGER APPROVAL

[Signature]
DATE: 1-29-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Kyne Downing

SOC. SEC. NO.: 9186

POSITION: Social Worker IA&T

DEPT.: Social Services

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: \$ _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP
Date RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION
Date

1/30/2026 DATE OF EMPLOYEE RESIGNATION
Date

_____ DATE OF REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: January 16, 2026

[Signature]
DATE: 1-26-2026

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Codie Glover SOC. SEC. NO.: _____

POSITION: Part Time Fill In AEMT DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION

_____ DATE OF EMPLOYEE RESIGNATION

1-9-2026 DATE OF REMOVAL FROM ROSTER

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]
DATE: 01/09/26

[Signature]
DATE: 1-12-2026

FINANCE OFFICER

DATE: _____

PERQUIMANS COUNTY
EMPLOYMENT ACTION FORM

DATE SUBMITTED: February 5, 2026

NAME: Bryhana Midgette

Full Time Part Time

POSITION: Social Worker IAT

DEPARTMENT: Social Services

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ ANNUAL SALARY: _____ HOURLY RATE: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ ANNUAL SALARY: _____ HOURLY RATE: _____

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND
Date RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

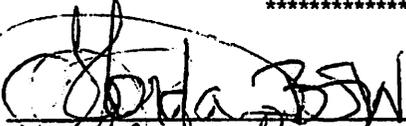
_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE:
Date YEAR 2 3 4
GRADE: _____ STEP: _____ SALARY: _____

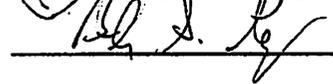
_____ DATE OF RECLASSIFICATION
Date CHANGE IN GRADE MOVE TO FULL TIME MOVE TO PART TIME
NEW POSITION TITLE: _____
NEW GRADE: _____ STEP: _____ ANNUAL SALARY: _____ HOURLY: _____

2/6/2026 DATE OF TERMINATION RESIGNATION REMOVAL FROM ROSTER
Date

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE-NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT HEAD :  DATE: February 5, 2026

COUNTY MANAGER :  DATE: 2-13-2026

FINANCE OFFICER : _____ DATE: _____

RECEIVED BY CLERK TO THE BOARD: _____ BCC MEETING: _____

BUDGET AMENDMENT
PERQUIMANS COUNTY BOARD OF COMMISSIONERS
GENERAL FUND
NO. 9

THE PERQUIMANS COUNTY BOARD OF COMMISSIONERS AT A MEETING ON THE 16th DAY OF FEBRUARY, 2026, PASSED THE FOLLOWING AMENDMENTS TO THE FY 2025-2026 BUDGET.

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT	
		INCREASE	DECREASE
10-348-036	PERQUIMANS FARM SERVICE	7,914.59	
10-615-151	PERQUIMANS FARM SERVICE	7,914.59	
10-348-037	PERQUIMANS 4-H	6,676.76	
10-615-152	PERQUIMANS 4-H	6,676.76	
EXPLANATION: To amend FY 25/26 budget to include Extension Farm Service and 4-H accounts			

WE, THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY, HEREBY ADOPT AND APPROVE, BY RESOLUTION, THE CHANGES IN THE COUNTY BUDGET AS INDICATED ABOVE, AND HAVE MADE ENTRY OF THESE CHANGES IN THE MINUTES OF SAID BOARD, ON THIS 16th DAY OF FEBRUARY, 2026.

PASSED BY MAJORITY VOTE OF THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY ON THIS 16th DAY OF FEBRUARY, 2026.

Chairman, Board of Commissioners

Finance Officer

BUDGET AMENDMENT
PERQUIMANS COUNTY BOARD OF COMMISSIONERS
E-911 FUND
NO. 10

THE PERQUIMANS COUNTY BOARD OF COMMISSIONERS AT A MEETING ON THE 16th DAY OF FEBRUARY, 2026, PASSED THE FOLLOWING AMENDMENTS TO THE FY 2025-2026 BUDGET.

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT	
		INCREASE	DECREASE
78-350-001	EMERGENCY 911 FEES	969,266.91	
78-500-110	TELEPHONE/POSTAGE	294,934.77	
78-500-161	HARDWARE MAINTENANCE	648,332.14	
78-500-331	COMPUTER SOFTWARE MAINTENANCE	26,000.00	

EXPLANATION: To amend FY 25/26 budget to include PSAP Funding Reconsideration.

WE, THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY, HEREBY ADOPT AND APPROVE, BY RESOLUTION, THE CHANGES IN THE COUNTY BUDGET AS INDICATED ABOVE, AND HAVE MADE ENTRY OF THESE CHANGES IN THE MINUTES OF SAID BOARD, ON THIS 16th DAY OF FEBRUARY, 2026.

PASSED BY MAJORITY VOTE OF THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY ON THIS 16th DAY OF FEBRUARY, 2026.

Chairman, Board of Commissioners

Finance Officer

BUDGET AMENDMENT
PERQUIMANS COUNTY BOARD OF COMMISSIONERS
GENERAL FUNDS
NO. 11

THE PERQUIMANS COUNTY BOARD OF COMMISSIONERS AT A MEETING ON THE 16th DAY OF FEBRUARY, 2026, PASSED THE FOLLOWING AMENDMENTS TO THE FY 2025 - 2026 BUDGET.

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT	
		INCREASE	DECREASE
10-399-000	FUND BALANCE APPROPRIATED	32,000	
10-430-740	BOE - CAPITAL OUTLAY	32,000	
EXPLANATION: To amend FY 25/26 budget to purchase (22) laptops as mandated by the State for the primary election.			

WE, THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY, HEREBY ADOPT AND APPROVE, BY RESOLUTION, THE CHANGES IN THE COUNTY BUDGET AS INDICATED ABOVE, AND HAVE MADE ENTRY OF THESE CHANGES IN THE MINUTES OF SAID BOARD, ON THIS 16th DAY OF FEBRUARY, 2026.

PASSED BY MAJORITY VOTE OF THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY ON THIS 16th DAY OF FEBRUARY, 2026.

Chairman, Board of Commissioners

Finance Officer

BUDGET AMENDMENT
PERQUIMANS COUNTY BOARD OF COMMISSIONERS
GENERAL FUNDS
NO. 12

THE PERQUIMANS COUNTY BOARD OF COMMISSIONERS AT A MEETING ON THE 16TH DAY OF FEBRUARY, 2026, PASSED THE FOLLOWING AMENDMENTS TO THE FY 2025 - 2026 BUDGET.

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT	
		INCREASE	DECREASE
10-399-000	FUND BALANCE APPROPRIATED	5,400	
10-670-180	BEAVER CONTROL PROGRAM	5,400	
EXPLANATION: To amend FY 25/26 budget to include funds for beaver trapping.			

WE, THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY, HEREBY ADOPT AND APPROVE, BY RESOLUTION, THE CHANGES IN THE COUNTY BUDGET AS INDICATED ABOVE, AND HAVE MADE ENTRY OF THESE CHANGES IN THE MINUTES OF SAID BOARD, ON THIS 16TH DAY OF FEBRUARY, 2026.

PASSED BY MAJORITY VOTE OF THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY ON THIS 16TH DAY OF FEBRUARY, 2026.

Chairman, Board of Commissioners

Finance Officer

February 9, 2026

Regional Systems Specialist
NC Office of Emergency Medical Services
3802 NC Hwy 58 North
Kinston, NC 28504

To Whom It May Concern:

The following information describes the qualifications of our newly selected system Medical Director, Jessica Gillman, DO, as set forth in the North Carolina College of Emergency Physicians and the North Carolina Office of Emergency Medical Services.

1. Hold current license to practice medicine or osteopathy in North Carolina.
 - Dr Gillman holds a current license to practice medicine and is employed as an Emergency Department physician. Her medical experience is further outlined in the attached resume.
2. Have endorsement indicating a working relationship with the local physician community (i.e. hospital staff, local medical society, or emergency physician's group)
 - As described in section 1, Dr Gillman is employed by North Carolina EM-I Medical Services and by US Acute Care Solutions as an emergency department physician at Sentara Albemarle Medical Center.
3. Preferably hold board certification or be board prepared in Emergency Medicine. When this is not feasible, the medical director must at least hold board certification or be board prepared in a clinical specialty that represents the broad patient base the EMS system serves. Board certification must be obtained within 5 years after successful completion of residency training.
 - Dr Gillman is board certified by the American Osteopathic Board of Emergency Medicine under certification number 4086.
4. Maintain BC/BP as mentioned in above with a board, approved by the American Board of Medical Specialties or the American Osteopathic Association.
 - N/A at this time
5. Maintain an active clinical practice.
 - Dr Gillman maintains clinical practice at Sentara Albemarle Medical Center and Outer Banks Hospital Emergency Departments.
6. Have education or experience in out-of-hospital emergency care (give explanation)
 - Dr Gillman has participated with Metro Life Flight during residency in Cleveland, Ohio and ride alongs with local EMS during medical school and residency.
7. Have participated, or possess equivalent experience, in the resuscitation of adult and pediatric patients that suffer acute illness or traumatic injury.

- Dr Gillman has over ten years experience as a practicing emergency medicine physician.
8. Possess knowledge of federal, state and local laws and regulations.
 - Dr Gillman maintains knowledge of federal, state and local laws and regulations regarding EMS.
 9. Maintain appropriate medical liability coverage.
 - Liability coverage is effectively maintained.
 10. Maintain involvement in local, regional, state or national organizations.
 - Dr Gillman is an active member of the American College of Osteopathic Physicians.

JESSICA GILLMAN



EDUCATION

DO	West Virginia School of Osteopathic Medicine Lewisburg, WV	August 2007- July 2011
BA	Huntingdon College Montgomery, AL	August 2004- June 2007

EXPERIENCE

Sentara Albemarle Medical Center ED Physician	October 2016 July 2024
The Outer Banks Hospital ED physician	January 2023- Present
Wound Healing Center at Sentara Albemarle Medical Center Wound Care and Hyperbarics	September 2022- February 2023
Sentara Primary Care Flex Primary Care Physician	February 2023- January 2024
Bon Secours Maryview and Harborview Medical Center ED Physician	April 2024- Present

CERTIFICATION AND LICENSURE

AOBEM certified
AOBIM certified
PALS, ACLS, BLS certified
NC and VA licenses and DEAs

Jessica Gillman, DO
Sentara Albemarle Medical Center
3050 Halstead Blvd Ext
Elizabeth City, NC 27909

February 9, 2026

Regional Systems Specialist
NC Office of Emergency Medical Services
3802 NC Hwy 58 North
Kinston, NC 28504

To Whom It May Concern:

I am writing this letter to inform you that I approve the following for use within the Perquimans EMS System:

- **Any and all protocols, policies and procedures as utilized within the Perquimans EMS System.**
- **The continuing education plan for local system providers.**
- **The Medical Priority Dispatch System EMD software and card set, for use by the Perquimans EMS E-911 Center.**

I have also reviewed and agree to comply with the responsibilities and duties of the Medical Director as outlined in the Perquimans EMS System Plan.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Jessica Gillman, DO



WORLD RECORD TRAINING EVENT

Led by the RACE-CARS Trial



Join Us in the **RACE TO SAVE LIVES** on **FEBRUARY 25TH** and Be a Part of History!



Help Us Set a World Record and Learn to Save a Life in Minutes

On Wednesday, February 25th, 2026, the RACE-CARS Trial out of Duke University is attempting to set the CPR world record by training 30,000 people in Hands-Only CPR across participating counties in North Carolina.*

Why This Matters

Cardiac arrest is a leading cause of death in the U.S. — and it can strike anyone, anywhere, at any age. Today, only 1 in 10 victims survive. But here's what most people don't know: you can change the outcome. Hands-Only CPR takes just minutes to learn, requires no certification, and can double or triple a victim's chance of survival.

DON'T WAIT FOR AN EMERGENCY

JOIN US FEBRUARY 25TH

FOR A FEW MINUTES

BE PREPARED WHEN SECONDS COUNT

TO SAVE A LIFETIME

LEARN HANDS-ONLY CPR

Ready to join Perquimans County Emergency Services in making history?

February 25th

**Perquimans County Courthouse Annex
11 am - 1 pm**

**Tommy's Pizza
4 pm- 6pm**

**Visit the kiosk at State Employees' Credit Union
from 8:30 am - 5:30 pm**



Scan to learn more or visit <https://racecarstrial.org/cpr-training-world-record-attempt>

**(Participating counties: Euncombe, Cabarrus, Chatham, Cleveland, Cumberland, Currituck, Davidson, Forsyth, Franklin, Hoke, Lincoln, Madison, McDowell, Mecklenburg, Mitchell, Montgomery, Moore, Nash, Onslow, Orange, Perquimans, Person, Richmond, Robeson, Rowan, Scotland, Stanly, Warren, Washington, Tyrrell, and Wayne.)*

