

☐ New Employee
 ☐ Re-hire
 ☐ Status Change
 ☐ Separation
 ☐ Pay Change
 ☐

Name: _____ Employee #: _____
 Telephone #: _____ ☐ Married ☐ Single ☐ Domestic Partner
 Date of Birth: _____ Hire Date: _____ ☐ Male ☐ Female ☐ Non-binary
 Address: _____ Anniversary Date: _____

STATUS (CHECK ALL THAT APPLY)

☐ Regular
 ☐ Temporary
 ☐ Probationary
 ☐ Seasonal
 ☐ Paid Internship
☐ Full-Time # of Hours: _____
 ☐ Part-Time # of Hours: _____
☐ Exempt Salary
 ☐ Non-Exempt Hourly

POSITION & WAGE INFORMATION

Department: _____ Job Title: _____
 Effective Date: _____
 Pay Grade: _____ Step: _____
 Hourly Base Rate: \$ _____ Overtime Rate: \$ _____ Bi-Weekly Rate: \$ _____
 Stipend(s): \$ _____ Longevity: \$ _____ **Total:** \$ _____

CHANGE(S) FOR CURRENT EMPLOYEE (CHECK ALL THAT APPLY)

Type	From	To	Description
<input type="checkbox"/> Salary/Wage			
<input type="checkbox"/> Stipend(s)			
<input type="checkbox"/> Longevity			
<input type="checkbox"/> Cell Phone Stipend			
<input type="checkbox"/> Merit Increase			
<input type="checkbox"/> End of Probation			
<input type="checkbox"/> Reclassification			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Title Change			
<input type="checkbox"/> Other:			

SEPARATION INFORMATION

Separation Date: _____ Last Day Worked: _____ Last Date Paid: _____
☐ Voluntary Separation
 ☐ Involuntary Separation
 Notice Date: _____
 Vacation Hours Balance: _____
 Sick Hours Balance: _____ Total Hours Paid: _____
 Comp Hours Balance: _____ Total Separation Pay: _____

Additional Comments

Employee Signature: _____ Date: _____
 Department Head Signature: _____ Date: _____
 Human Resources: _____ Date: _____
 Town Manager: _____ Date: _____