

# PERSONNEL TRANSACTION FORM

|  |             |  |                    |
|--|-------------|--|--------------------|
| <input type="checkbox"/> <b>New Employee</b> <input type="checkbox"/> <b>Re-hire</b> <input type="checkbox"/> <b>Status Change</b> <input type="checkbox"/> <b>Separation</b> <input type="checkbox"/> <b>Pay Change</b> <input type="checkbox"/>  |             |  |                    |
| Name: _____ Employee #: _____  |             |  |                    |
| Telephone #: _____ <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner  |             |  |                    |
| Date of Birth: _____ Hire Date: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary  |             |  |                    |
| Address: _____ Anniversary Date: _____   |             |  |                    |
| <b>STATUS (CHECK ALL THAT APPLY)</b>   |             |  |                    |
| <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Probationary <input type="checkbox"/> Seasonal <input type="checkbox"/> Paid Internship<br><input type="checkbox"/> Full-Time # of Hours: _____ <input type="checkbox"/> Part-Time # of Hours: _____<br><input type="checkbox"/> Exempt Salary <input type="checkbox"/> Non-Exempt Hourly |             |  |                    |
| <b>POSITION &amp; WAGE INFORMATION</b>   |             |  |                    |
| Department: _____ Job Title: _____   |             |  |                    |
| Effective Date: _____  |             |  |                    |
| Pay Grade: _____ Step: _____   |             |  |                    |
| Hourly Base Rate: \$ _____ Overtime Rate: \$ _____ Bi-Weekly Rate: \$ _____  |             |  |                    |
| Stipend(s): \$ _____ Longevity: \$ _____ <b>Total:</b> \$ _____  |             |  |                    |
| <b>CHANGE(S) FOR CURRENT EMPLOYEE (CHECK ALL THAT APPLY)</b>   |             |  |                    |
| <b>Type</b>  | <b>From</b> | <b>To</b>  | <b>Description</b> |
| <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:  |             |  |                    |
| <b>SEPARATION INFORMATION</b>  |             |  |                    |
| Separation Date: _____ Last Day Worked: _____ Last Date Paid: _____  |             | <input type="checkbox"/> Voluntary Separation <input type="checkbox"/> Involuntary Separation Notice Date: _____ |                    |
| Vacation Hours Balance: _____  |             | Total Hours Paid: _____  |                    |
| Sick Hours Balance: _____  |             | Total Separation Pay: _____  |                    |
| Comp Hours Balance: _____  |             | _____  |                    |
| <b>Additional Comments</b>   |             |  |                    |
| Employee Signature: _____  |             | Date: _____  |                    |
| Department Head Signature: _____   |             | Date: _____  |                    |
| Human Resources: _____   |             | Date: _____  |                    |
| Town Manager: _____  |             | Date: _____  |                    |