

# Town of Brunswick Personnel Transaction Form

**Personnel Activity and Data (please check appropriate transaction)**

- |   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> New Employee   | <input type="checkbox"/> Military Leave | <input type="checkbox"/> Resignation | <input type="checkbox"/> Re-hire           |
| <input type="checkbox"/> Leave with Pay | <input type="checkbox"/> Retirement     | <input type="checkbox"/> Pay Change  | <input type="checkbox"/> Leave without pay |
| <input type="checkbox"/> Dismissed      | <input type="checkbox"/> Title Change   | <input type="checkbox"/> Lay Off     | <input type="checkbox"/> Return from Leave |
| <input type="checkbox"/> Other: _____   |   |                                      |  |

**A.**

<b>Employee Name:</b> _____ <b>SS #:</b> _____ <b>Employee Number:</b> _____
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**B.**

Department & Account: _____ Effective Date of Hire: _____ Anniversary Date: _____ Effective Date of Transaction: _____
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**C.**

Gender: M F      Date of Birth: _____      Marital Status: _____
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- |                                       |  |                                    |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Regular      | <input type="checkbox"/> Full Time                 | <input type="checkbox"/> Part Time |
| <input type="checkbox"/> Probationary | <input type="checkbox"/> Prior Service Date: _____ | <input type="checkbox"/> Seasonal  |

**D.**

Job Title: _____ # of Hours: _____ Pay Grade: _____ Step: _____
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**E.**

Weekly Rate: _____      Base Hourly Rate: _____ Overtime Rate: _____      Educational Incentive: _____ EMT Rate: _____      Longevity: _____
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**F. Separation Information**

Notice Date: _____ <b>Last Date Worked:</b> _____ Vacation Hours Balance: _____ <b>Last Pay Date:</b> _____ Sick Hours Balance: _____ Separation Rate: _____ Total Hours Paid: _____      Total Separation Pay: _____
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**G. New Hire Information**

W-4 Information: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married/ Single Rate    _____ # Deductions Extra State Tax: \$ _____      Extra Federal Tax: \$ _____ Address: _____
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Department Head Signature & Date  
White – Personnel

Personnel Director Signature & Date  
Yellow – Finance      Pink - Department

_____ Finance	_____ Dept	_____ DB
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