

Town of Brunswick Personnel Transaction Form

Personnel Activity and Data (please check appropriate transaction)

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|---|---|--------------------------------------|--|
| <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.

Employee Name: _____ SS #: _____
Employee Number: _____

B.

Department & Account: _____
Effective Date of Hire: _____ Anniversary Date: _____
Effective Date of Transaction: _____

Gender: M F Date of Birth: _____ Marital Status: _____
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C.

- | | | |
|---------------------------------------|--|------------------------------------|
| <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: _____

E.

Weekly Rate: _____	Base Hourly Rate: _____
Overtime Rate: _____	Educational Incentive: _____
EMT Rate: _____	Longevity: _____

F.

Separation Information

Notice Date: _____	Last Date Worked: _____
Vacation Hours Balance: _____	Last Pay Date: _____
Sick Hours Balance: _____	Severance: _____
Separation Rate: _____	
Total Hours Paid: _____	Total Separation Pay: _____

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: _____	

Department Head Signature & Date

Personnel Director Signature & Date

_____ Finance	_____ Dept	_____ DB
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