



Personnel Transaction Form

New Employee Re-hire Status Change Separation

Employee Name: _____	SS #: _____	Employee #: _____
Telephone #: () _____	DOB: _____	Marital Status: _____
Dept. & Account: _____	Race: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Effective Date: _____	DOH: _____	Anniversary Date: _____
Status:	<input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time Temp. <input type="checkbox"/> Part-Time Temp. <input type="checkbox"/> Probationary <input type="checkbox"/> Seasonal <input type="checkbox"/> Interim <input type="checkbox"/> Paid Internship <input type="checkbox"/> Prior Service Date: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Hourly # of Hours: _____	
Job Title: _____	Pay Grade: _____	Step: _____
Base Hourly Rate: \$ _____	Overtime Rate: \$ _____	Education Incentive: \$ _____
Bi-Weekly Rate: \$ _____	Stipend: \$ _____	Longevity: \$ _____ Total: \$ _____
Address: _____		

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

Type	From	To	Type	From	To
<input type="checkbox"/> Salary/Wage			<input type="checkbox"/> Title Change		
<input type="checkbox"/> Longevity Increase			<input type="checkbox"/> Department		
<input type="checkbox"/> Merit Increase			<input type="checkbox"/> Shift Change		
<input type="checkbox"/> End of Probation			<input type="checkbox"/> Insurance Change		
<input type="checkbox"/> Union Scale			<input type="checkbox"/> 457 Plan Change		
<input type="checkbox"/> Job Revaluation			<input type="checkbox"/>		
<input type="checkbox"/> Reclassification			<input type="checkbox"/>		
<input type="checkbox"/> Promotion			<input type="checkbox"/>		

LEAVE OF ABSENCE

Notifications Provided to: _____

Begin leave: _____ Return from leave: _____

Military Leave Personal Educational FMLA Unpaid Leave Paid Admin. Leave Short-Term Disability

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: _____