

TOWN OF NATICK

PERSONNEL ACTION SHEET

EMPLOYEE NUMBER:

Reason: (Please Check One) **New Hire** **Rehire** **Change of Address**

Social Security No.: _____ / _____ / _____
Employee Name: Last _____ First _____ Middle _____

JOB INFORMATION
Department Name _____ Account Number (ORG/OBJ) _____ / _____
Check Location _____ Job Title _____ Job Class Code _____ Group/Bargaining Unit _____
Employment Status: (**check ALL applicable**) Part-time Full-time Permanent Temporary Seasonal
Birth Date ____/____/____ **Hire Date** ____/____/____ Gender _____ Marital Status _____
Ethnic Background: (check one) African American American Indian Asian Caucasian Hispanic Other

Home Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell Phone (____) _____
Email _____
Emergency Contact Name _____ **Emergency Contact Phone** (____) _____

PAY TYPE: (check one) Hourly-110 Salary-100 Stipend/Bonus Other _____
Hourly Pay Rate \$ _____ Annual Salary \$ _____ Total Number of Hours per pay period: _____
Level _____ **Step** _____ **FTE%** _____

Has the employee ever worked for the School Department? Yes No Still employed? Yes No
Is the employee also working in another Town Department? Yes No Which one? _____
***If the employee is still working in another Town or School Department, they need to fill out an Exemption from Article 41, § 4. The Board of Selectmen must approve this form before they can start.**

COMMENTS:

CHECK ONE: Town Retirement OBRA (PT/Temp)

Employee Signature _____ **Date** _____
Department Head _____ **Date** _____
Human Resources Director _____ **Date** _____
Deputy or Town Administrator _____ **Date** _____

***Send to Human Resources to be processed ***New Hires (Benefits Eligible ONLY) should be copied to Benefits and Retirement when signed

Reason for change: (Please Check One)

Salary Change Transfer/Promotion LOA Separation

Employee Name: Last _____ First _____

TRANSFER/ PROMOTION/ RATE INCREASE

Current Job Title _____ New Job Title _____

Current Job Class Code _____ New Job Class Code _____

Current Check Location _____ New Check Location _____

Current Department _____ New Department _____

Please check one: Hourly-110 Salary-100 Stipend/Bonus Other _____

Level _____ Step _____ FTE% _____

Pay Rate Change From \$ _____ to \$ _____ Effective Date ____/____/____

Reason for Pay Change: _____

LEAVE OF ABSENCE

Reason for Leave _____

Expected Date of Leave ____/____/____ Expected Return Date ____/____/____

SEPARATION

Separation Date ____/____/____ **Reason** (check one) Resign Retire **OTHER** _____

Last Day Worked ____/____/____ Voluntary Involuntary **Eligible for Rehire** Yes No

COMMENTS:

Employee Signature _____ Date _____

Department Head _____ Date _____

Human Resources Director _____ Date _____

Deputy or Town Administrator _____ Date _____

***Send to Human Resources to be processed