

TOWN OF WELLESLEY

PERSONNEL/PAYROLL ACTION FORM

PLEASE TYPE OR PRINT THIS FORM. USE ONLY APPROPRIATE BLOCKS

EXPLAIN ACTIONS(S) IN "NOTES" SECTION

DATE WRITTEN	ACTION #

HIRE	REHIRE	CHANGE	EFFECTIVE DATE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EMPLOYEE	NAME	LOC/DIV T /	CURRENT JOB CLASSIFICATION	RATE OF PAY
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EMPLOYMENT

SOCIAL SECURITY	DATE OF BIRTH	HOURS PER WEEK	JOB GROUP/STEP /	STATUS
STREET ADDRESS			CITY AND STATE	
EMAIL			TELEPHONE	
GENDER M <input type="checkbox"/> F <input type="checkbox"/>	RETIREMENT	EMERGENCY CONTACT NAME AND RELATIONSHIP		TELEPHONE

WAGES/SALARY/SPECIAL PAY

IF CHANGE, GIVE REASON (step increase; promotion; reclassification, etc.) LIST TYPE OF STIPEND(S)

BASE PAY AMT	ORG. #	OBJECT #	PROJECT #	ALLOCATION	list additional allocations in NOTES
STIPEND AMT	ORG. #	OBJECT #	PROJECT #	ALLOCATION	list additional allocations in NOTES

TRANSFER/PROMOTION

NEW LOC/DIV T	NEW JOB CLASSIFICATION	NEW GRP/STEP /	NEW ORG #	NEW OBJECT #	NEW PROJECT #
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ADDRESS OR NAME CHANGE

NEW NAME	NEW TELEPHONE	HOME <input type="checkbox"/>	CELL <input type="checkbox"/>
ADDRESS	CITY	STATE	ZIP

EMPLOYMENT STATUS/HOURS CHANGE

NEW STATUS	NEW HOURS PER WEEK	REASON
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NOTES

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APPROVALS

SUPERVISOR	DATE	FINANCIAL SERVICES	DATE
DEPARTMENT	DATE	HUMAN RESOURCES	DATE

HUMAN RESOURCES COPY
 FINANCIAL SERVICES COPY
 DEPARTMENT COPY