TOWN OF ACUSHNET
PERSONNEL ACTION FORM

☐ New Employee	☐ Pay/Title Change	☐ Accounting Change	☐ Status Change	☐ Address Change

Effective Date of Change:

Name:	Employee #:	Original Date of Hire:
Street:	Town/St/Zip:	Dept/School:

New Employee

☐ New Position	☐ Rehire	☐ Replacement

Union Code: OR ☐ Non-Union	If replacement, name of employee being replaced:
Hours per week: Weeks per year:	If not year-round, which months are worked:

Check all that apply:	☐ Full Time Salary ☐ Part Time Hourly	☐ Full Time Hourly ☐ Seasonal	☐ Temporary ☐ Exempt	☐ Substitute/On-Call ☐ Non-exempt

Job Classification/Salary

Current			Proposed		
Job Title:			Job Title:		
Grade:	Step:	Pay: $ per	Grade:	Step:	Pay: $ per
OT Rate: $		Longevity: $	OT Rate: $		Longevity: $
Stipend(s)/Reason: $			Stipend(s)/Reason: $		
Reason for Change: ☐ Promotion ☐ Reclassification ☐ Step ☐ Other:					

Dept/School – Accounting

Current	Proposed
Dept/School Name:	Dept/School Name:
Check Location:	Check Location:
Base Pay GL Acct. #:	Base Pay GL Acct. #:
OT GL Acct. #:	OT GL Acct. #:
Longevity GL Acct. #:	Longevity GL Acct. #:
Stipend GL Acct. #:	Stipend GL Acct. #:

Leave of Absence

Check one:	☐ FMLA/Medical ☐ Childbearing	☐ Military Leave ☐ Childrearing	☐ Medical Only ☐ Suspended	☐ Personal/Unpaid ☐ Workers Compensation	☐ Sabbatical

1st day out:	Estimated Return:	Extension Return Date:	Actual Return Date:

Termination

Check one:	☐ Voluntary	☐ Involuntary	☐ Lay-Off / RIF	☐ Retirement	☐ Death

Eligible for rehire? ☐ Yes ☐ No	Reason for Leaving:

Additional Comments

Authorized Signatures

_____   _____   _____   _____
Employee   Date   Department Head   Date

_____   _____   _____   _____
Town Administrator   Date   Human Resources   Date