

TOWN OF HOLLISTON/EMPLOYEE CHANGE FORM FOR FY _____

EMPLOYEE NO: _____ JOB TITLE: _____

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____ PHONE #: _____

EMERGENCY CONTACT AND PHONE NUMBER: _____

1. Employment Description:

- | | |
|--|---|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Seasonal, # of weeks _____ |
| <input type="checkbox"/> Temporary, # of weeks _____ | <input type="checkbox"/> Full Time |
| <input type="checkbox"/> Elected Official | <input type="checkbox"/> Part Time |

Number of Hours per Pay Period _____

Dept. Number: _____

List the main account number to be paid from: _____

List all applicable account numbers and corresponding rates on page two of this form

2. The Change (s):

Check all that are applicable

FROM

TO

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Department/Division | _____ | _____ |
| <input type="checkbox"/> Position | _____ | _____ |
| <input type="checkbox"/> Account Number | _____ | _____ |
| <input type="checkbox"/> Grade/Step | _____ | _____ |
| <input type="checkbox"/> Rate | _____ | _____ |
| <input type="checkbox"/> Longevity Change | _____ | _____ |
| <input type="checkbox"/> Annual Salary | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

3. Reason for Change

Check One

- | | |
|---|---|
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Probationary Period Complete |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Step Increase | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Wage Adjustment | <input type="checkbox"/> Discharge |
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Worker's Comp Absence |
| <input type="checkbox"/> Other (specify) _____ | |
| <input type="checkbox"/> Leave of Absence (specify) _____ | |
| Approximate length of absence _____ | |

4. Authorization and Effective Date of Change(s) [Click here to enter a date.](#)

5. Department Head Signature: _____ **Date:** _____

Approved by HR: _____ Date: _____

Date changed in P/R _____

TOWN OF HOLLISTON/EMPLOYEE CHANGE FORM FOR FY _____, page 2

EMPLOYEE NO: _____

JOB TITLE: _____

EMPLOYEE NAME: _____

Account Number
Ex. 01470-50120 Snow/Ice

Rate Description
Ex. 45.76/Double Time
