



PERSONNEL RECOMMENDATION NEW HIRE/REHIRE

New Revised

Employee ID Number

HR Notification Date

Personal Data

Last Name		First Name		Middle Initial	Suffix
Primary Address			City	State	Zip
Phone		Alternate Phone			

Action Type

New Replacement *If Replacement, print full name:* _____ *Separation Date:* _____

Full-Time Part-Time Seasonal Temporary

Exempt from Overtime Overtime Eligible Overtime starts after ____ hours Salary Hourly

Police & Fire Only
Shift: Alpha Bravo Charlie

Current Assignment

Position Title		Position Number		Authorization Number	
Department			Division		
Annual Salary	Hourly Rate	Pay Grade/Step	Effective Date	Anniversary Date	Next Review Date
# of Hours During Pay Period	Scheduled Days/Hours		Union <input type="checkbox"/> Yes <input type="checkbox"/> No	Union Name (if applicable)	
Status <input type="checkbox"/> Conditional <input type="checkbox"/> Regular	Retirement <input type="checkbox"/> Fire Department <input type="checkbox"/> Police Department <input type="checkbox"/> Defined Benefit - General/Managerial				
Expense Distribution/Percentage _____					

Comments

Approval Signatures

Department Director/Designee (Please Print)	Signature	Date
Human Resources Director (Please Print)	Signature	Date
Prepared By (Please Print)	Signature	Date
Town Administrator (Please Print)	Signature	Date