



PERSONNEL RECOMMENDATION STATUS CHANGE

New Revised

Employee ID Number

Effective Date of This Change

HR Notification Date

Personal Data

Last Name	First Name	Middle Initial	Suffix
-----------	------------	----------------	--------

Action Type

Increase in Salary Step Education Temporary Out-of-Class Pay *Provide End Date:*

Please provide documentation for any items selected below:

Promotion Transfer Evaluation Suspension Administrative Leave with pay Cell Phone Stipend Other (see Comments)
 Administrative Leave without pay

Assignment

Current Position Title	New Position Title/Department	New Position # (if applicable)
------------------------	-------------------------------	--------------------------------

Current Annual Salary	Current Hourly Rate	Current Grade/Step	New Annual Salary	New Hourly Rate	New Grade/Step
-----------------------	---------------------	--------------------	-------------------	-----------------	----------------

# of Hours During Pay Period	Scheduled Days/Hours	Status <input type="checkbox"/> Conditional <input type="checkbox"/> Regular	Anniversary Date	Next Review Date
------------------------------	----------------------	---	------------------	------------------

Expense Distribution/Percentage	FLSA/Exemption Status <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	Union <input type="checkbox"/> Yes <input type="checkbox"/> No	Union Name (if applicable)
---------------------------------	--	---	----------------------------

Retirement <input type="checkbox"/> Defined Benefit General/Managerial <input type="checkbox"/> Police Department <input type="checkbox"/> Fire Department	Eligible for Executive Leave (per Admin Policy #01.001) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Comments – include all items noted above as "OTHER – See 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