

Town of Ellington

This form is required to be completed by Department Heads for all changes that affect the status or pay of employees or volunteers. Please remember to complete this form for all seasonal employees who reach the end of their seasonal assignment.

Complete, sign and forward to Human Resources.

Change of Status/Pay Form

EFFECTIVE DATE OF THIS CHANGE: ____/____/____

Do not leave effective date blank

SELECT ONE: Employee Volunteer Elected Official

Select one: Initial Hire Transfer Classification Status End of Assignment (seasonal)

Probation Complete Return to Active Status Termination Resignation

Retirement Promotion Contractual Pay Change Merit Increase Other _____

Employee Name:			
Address:			
Phone:			Personal Email:
Employment Date			
Current Department:			
Current Job Title			
Current Classification	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt <input type="checkbox"/> Union <input type="checkbox"/> Non-Union		
Indicate Changes Below			
New Title			
New Classification	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt <input type="checkbox"/> Union <input type="checkbox"/> Non-Union		
New Manager			
New Rate of Pay	Hourly: \$ _____	Salary: \$ _____	
Number of Hours	_____ Per Week		
Vacation Payout (exiting)			
Additional Information/Explanation: _____			

Benefit Eligible Position? yes no **Qualifies for 401A contributions?** yes no

Department Head

Town Administrator

Finance Officer

HR Review:

Scanned to Payroll ____/____/____ Personnel File Department Head Employee (if applicable)