

EMERGENCY 2 WEEK APPOINTMENT

### Town of Southampton Personnel Change Form

(circle)

CORI Check	Yes	No
Employee No.		

SB  
 APPROVAL DATE: \_\_\_\_\_  NEW HIRE  EMPLOYEE CHANGE  INFORMATION CHANGE

Effective Date: \_\_\_\_\_ Adjusted Seniority Date: \_\_\_\_\_  Address  Name

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: Last First Middle Date of Birth: \_\_\_\_\_

Street City State Zip

FULL TIME Benefitted  PART TIME Benefitted  PART TIME Non-benefitted  BENEFITS ELIGIBLE  
 P/T EMERGENCY  F/T EMERGENCY  TEMPORARY  NOT BENEFITS ELIGIBLE  
 \*NO BENEFITS FOR EMERGENCY STATUS Temporary – not to exceed 12 weeks  
 Department: \_\_\_\_\_ 2<sup>nd</sup> Department (if applicable) \_\_\_\_\_  
 Replaced employee: \_\_\_\_\_ Note: \_\_\_\_\_

#### REASON FOR CHANGE

Changes in salary wages or appointment  Change in position (promotion/transfer/title – see comments)  
 Leave of Absence  Resignation  Separation  Retirement  
 First date of leave \_\_\_\_\_ Last Working Date \_\_\_\_\_  
 Return date \_\_\_\_\_ Last date on Payroll \_\_\_\_\_

Comments: \_\_\_\_\_

#### POSITION STATUS

Department \_\_\_\_\_ Account to be charged \_\_\_\_\_  
 Department \_\_\_\_\_ Account to be charged \_\_\_\_\_

Present Status	Proposed Status	Retro (attach figures)
Number of Weekly Hours _____	Number of Weekly Hours _____	Date _____ \$ _____
Position Title _____	Position Title _____	Date _____ \$ _____
Grade / Step _____	Grade / Step _____	Date _____ \$ _____
Salary (OR hourly rate) \$ _____	Salary (OR hourly rate) \$ _____	Date _____ \$ _____

Vacation	Sick	Personal	<input type="checkbox"/> PER CONTRACT
Hours _____	Hours _____	Hours _____	NOTES:
Eff. Date _____	Eff. Date _____	Eff. Date _____	

#### AUTHORIZATION

Department Head \_\_\_\_\_ Date \_\_\_\_\_  
 Town Accountant \_\_\_\_\_ Date \_\_\_\_\_  
 PPPB Chair \_\_\_\_\_ Date \_\_\_\_\_  
 Select Board Chair \_\_\_\_\_ Date \_\_\_\_\_

#### DISTRIBUTION

Employee File	Accountant	Department	PPPB	Town Administrator	Treasurer
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