

Section 1

1 EMERGENCY 2 WEEK APPOINTMENT

**Town of Southampton
Personnel Change Form**

										(circle)	
										2	
										CORI Check	
										Yes or No	
										3	
										Employee No.	
BOS APPROVAL DATE: 4		<input type="checkbox"/> NEW HIRE 5		<input type="checkbox"/> EMPLOYEE CHANGE 6						9 <input type="checkbox"/> INFORMATION CHANGE	
Effective Date: 7		Adjusted Seniority Date: 8						a <input type="checkbox"/> Address		b <input type="checkbox"/> Name	
Name: 10		Last		First		Middle		Home Phone: 12			
		Date of Birth: 13									
Home Address: 11		Street		City		State		Zip			

1. Emergency 2 week appointment – check if this is an emergency hire
2. Cori Check – circle yes or no
3. Employee number – Current employees have a number that can be obtained by the Treasurer’s office. New hires will not until they are entered in the system. Leave blank for new hires
4. BOS Approval Date – BOS signs here once approved
5. New Hire – Check if New Hire
6. Employee Change – Check if there is a change in status
7. Effective Date – Effective Date of change such as contract certification increases, contract increases or First Day worked. If it is first day worked for a New Hire leave blank for Treasurer’s office to complete
8. Adjusted Seniority Date – Date benefits & accruals are calculated from. This happens when an employee changes to Full Time Status from Part time or Temporary Status
9. Information Change – check if you are changing address or name or phone
 - a. Address – Check if changing address
 - b. Name – Check if changing name (usually last name due to marriage/divorce)
 - c. If you are changing phone number just write it in on the home phone line
10. Name – type or write Last, First, Middle initial
11. Address – type or write Street, City, State, Zip code
12. Home phone – type or write phone number
13. Date of birth – type or write date of birth

Section 2

1

a	<input type="checkbox"/> FULL TIME Benefitted	b <input type="checkbox"/> PART TIME Benefitted	c <input type="checkbox"/> PART TIME Non-benefitted
			2 <input type="checkbox"/> BENEFITS ELIGIBLE
d	<input type="checkbox"/> P/T EMERGENCY	e <input type="checkbox"/> F/T EMERGENCY	f <input type="checkbox"/> TEMPORARY
			3 <input type="checkbox"/> NOT BENEFITS ELIGIBLE
*NO BENEFITS FOR EMERGENCY STATUS		Temporary - not to exceed 12 weeks	
Department:	4	2 nd Department (if applicable)	6
Replaced employee:	5	Note:	7

1. Check employment type
 - a. Full time – Employee works 30 hours or more. Hours under 40 reflect prorated benefits
 - b. Part Time – Employee works at least 20 hours per week but fewer than 30 hours per week
 - c. Part Time non-benefitted – works fewer than 20 hours per week
 - d. P/T Emergency – 2 week appointment – no benefits
 - e. F/T Emergency – 2 week appointment – no benefits
 - f. Temporary – hired for a fix period of time not to exceed 12 weeks. Entitled to health benefits if working 20 hours per week on a regular basis
2. Benefits Eligible – must work 20 hours or more per week on a regular basis- check if applicable
3. Not Benefits Eligible – works under 20 hours per week – check if applicable

*On Call Fire Employees are not eligible
4. Department – type or write department
5. Replaced Employee – type or write if replacing name of the employee being replaced if applicable
6. Second Department – type or write other department employee may work
7. Note – note anything that you feel should be noted

Section 3

REASON FOR CHANGE

1	<input type="checkbox"/> Changes in salary wages or appointment		3 <input type="checkbox"/> Change in position (promotion/transfer/title – see comments)	
	2 <input type="checkbox"/> Leave of Absence		a <input type="checkbox"/> Resignation b <input type="checkbox"/> Separation c <input type="checkbox"/> Retirement	
	First date of leave	a	Last Working Date	d
	Return date	b	Last date on Payroll	e
Comments: 4				

5 POSITION STATUS

Department	a	Account to be charged	b
Department	a	Account to be charged	b

6		7		8	
Present Status		Proposed Status		Retro (attach figures)	
Number of Weekly Hours	a	Number of Weekly Hours	a	Date	a \$ b
Position Title	b	Position Title	b	Date	a \$ b
Grade / Step	c	Grade / Step	c	Date	a \$ b
Salary (OR hourly rate)	d	Salary (OR hourly rate)	d	Date	a \$ b
9 Vacation		Sick		Personal	
Hours	a	Hours	a	Hours	a
Eff. Date	b	Eff. Date	b	Eff. Date	b
				<input type="checkbox"/> PER CONTRACT c NOTES: d	

1. Change in Salary wages or appointment – check if applicable
2. Leave of Absence – check if applicable
 - a. First Date of Leave – write or type in date
 - b. Return Date – write or type in date
3. Change in Position
 - a. Resignation – check if applicable
 - b. Separation – check if applicable
 - c. Retirement – check if applicable
 - d. Last Working Day – type or write date
 - e. Last Day on Payroll – Treasurer’s office will complete
4. Comments – type or write in any comments you would like to add
 - a. P/T Employees working varied hours as needed should be noted as “Not to exceed 19 hours” If employee exceeds 20 hours on a regular basis they will be eligible for benefits & retirement
5. Position Status
 - a. Department- type or write in department
 - b. Account to be charged – type or write account number to be charged
6. Present Status

- a. Number of weekly hours – type or write weekly hours
 - b. Position title – type or write position
 - c. Grade/Step – type or write steps if applicable
 - d. Salary (or hourly rate) – type or write bi-weekly salary for contracted employees. Type hourly pay rate for hourly employees
7. Proposed Status
- a. Number of weekly hours – type or write weekly hours
 - b. Position title – type or write position
 - c. Grade/Step – type or write steps if applicable
 - d. Salary (or hourly rate) – type or write bi-weekly salary for contracted employees. Type hourly pay rate for hourly employees
8. Retro – Submit a retro spreadsheet for time due. Work with Treasurer’s office on retro figures. This is not intended for mass contract retro. It is intended for obtaining licenses or time due at new rate that may not have been authorized in a timely manner. Mass contract increases will be submitted on a spreadsheet and a PCF will not be required.
- a. Date – payroll date
 - b. \$ - dollar amount of retro pay
9. Vacation, Sick, Personal Accrual – complete for all employees following Personnel Rules & Regulations (Town Hall Employees, Library, COA, Highway) F/T Police & P/T Fire Excluded
- a. Hours – type or write in accrual hours
 - b. Effective Date – type or write in effective date
 - c. Per contract – (F/T Police) check box, hours and effective date not needed
 - d. Notes – type or print any notes you would like to add

Section 4

1 AUTHORIZATION					
Department Head	a			Date	2
Town Accountant	b			Date	2
PPPB Chair	c			Date	2
Select Board Chair	d			Date	2
3 DISTRIBUTION					
a Employee File	b Accountant	c Department	d PPPB	e Town Administrator	f Treasurer

1. Authorization – PCF must be signed in order
 - a. Department Head – Sign & Date
 - b. Town Accountant – Sign & Date
 - c. PPPB Chair – Sign & Date
 - d. Select Board Chair – Sign & Date
2. Date – Write in date
3. Distribution – Town Administrator will distribute to the following after all signatures are obtained
 - a. Employee File
 - b. Town Accountant
 - c. Department
 - d. PPPB
 - e. Town Administrator
 - f. Treasurer