Town of Ellington
Change of Status or Pay Form

Instructions: *Department Heads complete this form to document all changes in the status or compensation of employees or volunteers and to document the end of seasonal employment.*

Completed form must be electronically .signed and forwarded to Human Resources.

Effective Date of This Change:

Classification: Employee
Action: Initial Hire

Name:			
Address:			
Phone:	Personal Email:		
Department:	Job Title:	Work Status: Full Time	FLSA Status: Exempt
Indicate Changes Below			
New Department:	New Title:	New Work Status: Full Time	New FLSA Status: Exempt
New Supervisor:	New Rate of Pay (Hourly or Annual Salary):	Hours per Week:	
Vacation Payout (Exiting): If YES enter # hours _____ ☐ NO (Not Eligible for Payout)			

Benefit Eligible Position: ☐ YES NO ☐ Qualifies for 401a contributions: ☐ YES NO ☐

Enter Additional Information Below:

Save
Print

Approvals

Department Head: Town Administrator:

Finance Officer: Human Resources:

Scanned to Payroll DATE: Personnel File ☐ Dept. Head ☐ Employee(If App) ☐