

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

SELECT ONE: ☐ Employee ☐ Volunteer

Select one:

- ☐ Initial Hire ☐ Transfer ☐ Classification Status ☐ End of Assignment (seasonal)
- ☐ Probation Complete ☐ Return to Active Status ☐ Termination ☐ Resignation
- ☐ Retirement ☐ Promotion ☐ Other _____

Employee Name:			
Address:			
Phone:			
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"/> Exempt <input type="checkbox"/> Non Exempt <input type="checkbox"/> Union <input type="checkbox"/> Non-Union		
Effective Date			
Changes			
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"/> 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		
Benefit Changes	Benefits Affected: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> LTD <input type="checkbox"/> Life <input type="checkbox"/> 401(k) Instructions: _____		
Reason for Change:	_____ _____ _____		

Department Head

Date

Human Resources

Date

Finance Officer

Date

First Selectman

Date

Distribution:

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