

# Town of North Reading

## EMPLOYEE TRANSACTION FORM

<b>EMPLOYEE INFORMATION</b>			
Employees Name:		Effective Date:	
Managers Name:		Department:	
<b>STATUS CHANGE</b>			
SALARY/JOB CHANGE TYPE	FROM	TO	
<input type="checkbox"/> Merit (Performance) <input type="checkbox"/> Adjustment (Contract) <input type="checkbox"/> Longevity <input type="checkbox"/> Hours <input type="checkbox"/> Other –	Job Title	Job Title	
	Step	Step	
	Level	Level	
	Hours	Hours	
	Pay Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Pay Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	
<b>TRANSFER/CHANGE</b>			
<input type="checkbox"/> Manager  <input type="checkbox"/> Department	<b>FROM</b>	<b>TO</b>	
	Mgr's Name:	Mgr's Name:	
	Dept Name:	Dept Name	
<b>PERFORMANCE</b>			
<input type="checkbox"/> Annual Review	Last Review Date	New Review Date	
<input type="checkbox"/> 6 Month Review			
<input type="checkbox"/> Off Cycle Review	RATING:		
<input type="checkbox"/> Other			
<b>LEAVE OF ABSENCE</b>			
<input type="checkbox"/> Disability	LOA Start Date:	Anticipated Return Date:	
<input type="checkbox"/> FMLA			
<input type="checkbox"/> Personal			
<input type="checkbox"/> Military	Comments:		
<input type="checkbox"/> Medical			
<b>TERMINATION</b>			
<input type="checkbox"/> Voluntary			Date of Term/Retirement:
<input type="checkbox"/> Involuntary	Termination Reason:		
<input type="checkbox"/> Retirement			
<b>INSURANCE CHANGE</b>			
<input type="checkbox"/> Medical	<b>FROM</b>	<b>TO</b>	
<input type="checkbox"/> Dental		0	
<input type="checkbox"/> Life		0	
Comments:			

APPROVAL'S:

HR \_\_\_\_\_ Date      Manager \_\_\_\_\_ Date      Town Administrator: \_\_\_\_\_ Date

