

TOWN OF SIMSBURY

933 HOPMEADOW STREET
SIMSBURY, CONNECTICUT 06070



PERSONNEL ACTION FORM

DEPT.	ACOUNT NO.	DATE	EFFECTIVE DATE OF ACTION
EMPLOYEE	DEPT NO.	SOCIAL SECURITY NUMBER	
EMPLOYEE ADDRESS		PERSON TO NOTIFY IN CASE OF EMERGENCY	
TELEPHONE	<input type="checkbox"/> PLEASE CHECK IF UNLISTED NOT TO BE RELEASED	EMERGENCY CONTACT TELEPHONE NUMBER	

APPOINTMENT (TYPE)

- | | | | | |
|---|------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> PROBATION | <input type="checkbox"/> TRANSFER | <input type="checkbox"/> FULL-TIME - 40 HRS./WK. | <input type="checkbox"/> PART-TIME - OVER 20 HRS./WK. |
| <input type="checkbox"/> SEASONAL | <input type="checkbox"/> REGULAR | <input type="checkbox"/> DEMOTION | <input type="checkbox"/> FULL-TIME - 35 HRS./WK. | <input type="checkbox"/> PART-TIME - UNDER 20 HRS./WK. |
| <input type="checkbox"/> OTHER (SPECIFY) <input type="text"/> | <input type="checkbox"/> CONTRACT | | | |

POSITION

FROM GRADE / STEP

TO GRADE / STEP

COMPENSATION

- | | | | | |
|------------------------------------|------------------------------------|--------------------------------|---------|-------|
| <input type="checkbox"/> ANNUAL \$ | <input type="checkbox"/> HOURLY \$ | <input type="checkbox"/> OTHER | FROM \$ | TO \$ |
|------------------------------------|------------------------------------|--------------------------------|---------|-------|

TERMINATION (TYPE)

- | | | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> SUSPENSION | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> DISMISSAL | <input type="checkbox"/> LAY-OFF | <input type="checkbox"/> OTHER (SPECIFY) <input type="text"/> |
|--------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|----------------------------------|---|

FINAL WORK DAY

AMOUNT OF VACATION DUE AT TERMINATION

FINAL CHECK AND TERMINATION INFORMATION ARE TO BE PICKED UP AT THE HUMAN RESOURCES DEPARTMENT.

CHANGE NAME TO

CHANGE TELEPHONE NUMBER TO

CHANGE ADDRESS TO

COMMENTS

EMPLOYEE SIGNATURE _____

DATE _____

DEPARTMENT HEAD SIGNATURE _____

DATE _____

FIRST SELECTMAN SIGNATURE _____

DATE _____

☐ PERSONNEL

☐ PAYROLL

☐ DEPARTMENT

☐ EMPLOYEE