



TOWN OF GLASTONBURY PERSONNEL ACTION FORM

PLEASE FORWARD COMPLETED FORM TO HUMAN RESOURCES FOR PROCESSING AND DISTRIBUTION

Employee #	Department/Division	Immediate Supervisor
Last Name	First Name	Middle Initial

- Employee Hired/Rehire Pay Adjustment Transfer Other
 Resignation Retirement Leave of Absence Termination

	Present	Proposed
Account Number		
Classification Title		
Work Hours/Week		
Hourly Rate of Pay	Grade:	Grade:
Annual Pay	Step:	Step:

If employee has been terminated or resigned, has all Town property been returned to supervisor (i.e. keys, uniforms, etc.)? Yes No

Remarks or explanation of proposed personnel action, if necessary:

Proposed effective Date: _____

Signature of Department Head and Date

Approved effective Date: _____

Recommended _____
Human Resources Date

Approved _____ Denied _____

Town Manager Date

Original to file _____

C: Dept. Director _____

C: Payroll _____