



Town of Summerville
An Equal Opportunity Employer

PAYROLL/STATUS CHANGE NOTICE

EFFECTIVE DATE: ____ / ____ / ____ NEW HIRE CHANGE RE-HIRE TERMINATION

EMPLOYEE'S NAME: _____
Last First M.I. EMPLOYEE NUMBER _____

CURRENT DEPT.: _____
SOCIAL SECURITY NUMBER _____

NEW HIRE INFORMATION

To Be Completed by Hiring Department

FLSA JOB CLASSIFICATION: Exempt (Salaried) Non-Exempt (Salaried) Non-Exempt (Hourly)

____ / ____ / ____
HIRE DATE

EMPLOYMENT CATEGORY: Full-Time (Std. Benefits) Part-Time (Partial Benefits) Part-Time (No Benefits) Seasonal (No Benefits) 80 Hours Employee 84 Hours Employee (for Police officers only)

SALARY: \$ _____ per Hour Year

JOB TITLE G/L ACCOUNT NUMBER _____

To Be Completed by New Employee at Orientation

____ / ____ / ____ (_____) _____
DATE OF BIRTH TELEPHONE

EMPLOYEE'S ADDRESS CITY STATE ZIP CODE

____ (_____) _____
EMERGENCY CONTACT NAME RELATIONSHIP TELEPHONE NUMBER

MARITAL STATUS: Single or Married VETERAN: Yes No DISABILITY: Yes No
RACE: White Black Hispanic or Latino Asian American Indian Pacific Islander/Hawaiian SEX: Male Female

CHANGES TO CURRENT EMPLOYEE

| TYPE | FROM | TO | COMMENTS |
|--|------|----|----------|
| Salary / Wage | | | |
| Department or G/L Account Change | | | |
| Hourly wage | | | |
| Job Title Change | | | |
| Job Category Change (F/T, P/T, Temp., Seasonal) | | | |
| (Check appropriate Options) <input type="checkbox"/> Address Change <input type="checkbox"/> Phone Number Change <input type="checkbox"/> Name Change | | | |

SEPARATION: Voluntary or Involuntary Separation Date: ____/____/____ Last Date Worked: ____/____/____

Reason for Leaving: _____

Forwarding Address: _____

Additional Comments: _____

Final Paycheck: _____ Annual Leave Payout: _____ Employee wants: check mailed to Forwarding Address above to pickup check from HR

APPROVALS AND DISTRIBUTION (Requests do not become effective until all signatures are obtained):

Department Head Signature: _____ Print Name: _____ Date: ____/____/____

Finance Director Signature: _____ Print Name: **Belinda Harper** Date: ____/____/____

Town Administrator Signature: _____ Print Name: **Colin Martin** Date: ____/____/____

Employee Signature: _____ Print Name: _____ Date: ____/____/____

Payroll Clerk: _____ Date Change Entered: ____/____/____

For HR Use Only:

Human Resources Review: _____ Print Name: **Cynthia M. Brown, HR Manager** Date: ____/____/____

Eligible For Re-hire Yes No

Entered into: INCODE _____

Plansource _____

Term Letters _____