



**Town of Sutton**  
**4 Uxbridge Road, Sutton MA 01590**  
**Phone: (508) 917-7070 Fax: (508) 865-8721**

## Human Resource Action Form

### Employee Information (PLEASE PRINT CLEARLY)

<p>Employee ID: _____</p> <p>Name: _____</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>City/Town: _____</p> <p>State: _____ Zip: _____</p>	<p>Home Number: _____</p> <p>Cell Number: _____</p> <p>Date of Birth: _____</p> <p>Social Security No: _____</p> <p><u>Affirmative Action:</u></p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married</p>
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### Type of Action

New Hire: ☐ ☐ Fulltime ☐ Part time ☐ Seasonal

Re-Hire: ☐ ☐ Fulltime ☐ Part time ☐ Seasonal

Position Change To: ☐ ☐ Fulltime ☐ Part time ☐ Seasonal

Effective Date \_\_\_\_\_

Separation: ☐ ☐ Resigned ☐ Involuntary ☐ Retired ☐ Layoff

### Position and Salary Information

<p>Title: _____</p> <p>_____</p> <p>GL #: _____</p>	<p>Hours Per Week: _____</p> <p>Initial Pay Rate: _____ <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Per Diem</p>
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### Elected Non-American Fidelity Benefits

Health Insurance	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Dental Insurance	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Long-Term Disability Insurance	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Term Life Insurance:	
Basic Life	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined
Optional Life	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined

### New Hire Forms

<input type="checkbox"/> W-4	<input type="checkbox"/> Form SSA 1945	<input type="checkbox"/> Sexual Harassment Policy
<input type="checkbox"/> M-4	<input type="checkbox"/> Personnel Policy Received	<input type="checkbox"/> I-9
<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Signed Job Description	<input type="checkbox"/> Flexible Spending Account
<b>Retirement:</b>	<input type="checkbox"/> <b>Worcester Regional</b>	<input type="checkbox"/> <b>Mandatory OBRA</b>
<input type="checkbox"/> <b>State Ethics Test</b>		

Employee Signature	Department Head Signature	Town Administrator Signature
Date	Date	Date