



# 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)

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

<b>Type of Action</b>	New Hire: <input type="checkbox"/>	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal
	Re-Hire: <input type="checkbox"/>	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal
	Position Change To: <input type="checkbox"/>	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Seasonal
Effective Date _____	Separation: <input type="checkbox"/>	<input type="checkbox"/> Resigned	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Retired <input type="checkbox"/> Layoff

### Position and Salary Information

Title: _____	Hours Per Week: _____
GL #: _____	Initial Pay Rate: _____ <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Per Diem

<b>Elected Non-American Fidelity Benefits</b>	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	

<b>New Hire Forms</b>	<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"/> Worcester Regional	<input type="checkbox"/> Mandatory OBRA
	<input type="checkbox"/> State Ethics Test		

Employee Signature	Department Head Signature	Town Manager Signature
Date	Date	Date