



Town of Stow Employee Status Form

IMPORTANT: For New Hires, a copy of job posting must be attached. Employee Status Form must be completed, signed and submitted to the Board of Selectmen's Office BEFORE employee starts work.

Department: _____

Employee Name: _____

Original Date of Hire _____

New Hire or Change in Classification (circle one):

Date of Change in Pay Step: _____

Job Title: _____

Union ☐ ByLaw ☐

Salary ☐ Hourly ☐ Annual Salary or Hourly Rate: _____

Pay Step _____ Longevity: _____

Full Time: ☐ Part Time: ☐ No. of Hours Weekly: _____

Vacation Accrual Rate: _____

Sick Accrual Rate: _____ Personal Days: _____

Termination:

Date: _____

Reason: Retired ☐ Resigned ☐ Terminated ☐

Authorized Signature: _____ Date: _____
Dept. Head, Board or Commission

Town Administrator: _____ Date: _____