

**Town of Ashby  
Employee Change of Status**

**Employee Name:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

	Current	New
<b>Position:</b>		
<b>Account Number:</b>		
<b>Full Time Hours:</b>		
<b>Part Time Hours:</b>		
<b>Hourly Wage:</b>		
<b>Annual Salary:</b>		

**Funding Source Approval:** \_\_\_\_\_

\_\_\_\_\_  
**Town Accountant**

**Change Explanation**

**New Fiscal Year:** \_\_\_\_\_ **End of Probation Period:** \_\_\_\_\_

**Promotion:** \_\_\_\_\_ **Resignation:** \_\_\_\_\_

**Transfer:** \_\_\_\_\_ **Retirement:** \_\_\_\_\_

**New Employee:** \_\_\_\_\_ **If New Employee, Date of Hire:** \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Town Administrator Signature**

\_\_\_\_\_  
**Date**

After all approval signatures, copy to Treasurer and Department Head; original to personnel file.