

**TOWN OF MANCHESTER, CONNECTICUT**  
**PERSONNEL ACTIVITY FORM - CHANGES TO CURRENT EMPLOYEES ONLY**

Social Security Number \_\_\_\_\_ D.O.H. \_\_\_\_\_ Effective Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Employee Type (check only one)**

Regular F/T      Regular P/T      Hourly P/T      Durational      Seasonal      Election Worker

**Reason for PAF (check only one type of change)**

Promotion      Transfer      Step Increase      Acting Pay (more than 2 weeks)      Reverse Acting Pay

Suspension      Death      Medical LWOP      Military LWOP

Hours      Pay Rate      Distribution Code      Other \_\_\_\_\_

Comments \_\_\_\_\_

Terminated      Resigned      Retired

Date Notice Given: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_

**Resignations and retirements:** Attach a copy of resignation/retirement letter or agreement. Has the employee received tuition reimbursement during the previous 3 years of employment: Yes    No

**Promotions/transfers:** Attach a copy of promotion/transfer letter and appropriate salary schedule page.

**Durational:** Attach a letter indicating changes to employment.

Position Control # \_\_\_\_\_

Job Class Code \_\_\_\_\_

Former Job Class Code \_\_\_\_\_

Job Class Name \_\_\_\_\_

Former Job Class Name \_\_\_\_\_

Grade/Step \_\_\_\_\_

Former Grade/Step \_\_\_\_\_

Group/Union \_\_\_\_\_

Former Group/Union \_\_\_\_\_

*(If unaffiliated, indicate Unaffiliated, Dept. Head, Div. Head, Confidential, Elec Wkr)*

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Hours of Work (Bi-weekly) \_\_\_\_\_

Former Hours of Work (Bi-Weekly) \_\_\_\_\_

Location (Dept/Div) \_\_\_\_\_

Former Location \_\_\_\_\_

Hourly Pay Rate \_\_\_\_\_

Former Hourly Rate \_\_\_\_\_

Annual Pay Rate \_\_\_\_\_

Former Annual Rate \_\_\_\_\_

Accounts: 1st \_\_\_\_\_  
*Org/Object/Project #/%*

2nd \_\_\_\_\_  
*Org/Object/Project #/%*

\_\_\_\_\_  
Dept Head                                  Date                  Human Resources                  Date                  General Manager                  Date