TOWN OF MANCHESTER, CONNECTICUT PERSONNEL ACTIVITY FORM - INITIAL OR REHIRE ONLY

Please thoroughly complete this form.

					tive Date	
(A copy of employ	ee's Social Secu	irity card mus	t be at	tached to	o the PAF.)	
Full Name(Use i	name as printed	on individual'	s Socia	J Security	(card)	
					Caruj	
Address						
City/State/Zip						
Home Phone #	#			Cell Phone #		
Date of Birth	Gender		Marital Status (M)		Status (M) (S)	
Ethnic Code	Alaska Native; I				=Hispanic or Latino; Pacific Islander; T =Two or	
Reason for PAF: (c	heck only one)	New Hire			Re-Hire	
Employee Type: (ch	neck only one)	Regular F/T _		_	Regular P/T	
Hourly P/T	_ Durational Seaso		onal		Election Worker	
Attach appropriate	_			-		
Job Class Code			Group	o/Union		
Job Class Name						
Location (Dept/Div)						
Grade/Step			Hours	of Work	(Bi-weekly)	
Hourly Pay Rate			Annua	al Pay Ra	ate	
Accounts: 1st	Org/Object/Pro	iject #/%	2nd _	Org/Ob	nject/Project #/%	
Dept Head	Date	Human Reso	urces	Date	General Manager Date	e e