

**CITY OF NEWTON
Personnel Action Form
(REV JAN 2023)**

Form Completed By:

Email Address:

EMPLOYEE PROFILE: *Please complete all sections below. All sections are required.*

Employee Name:	Supervisor's name:
Employee ID Number:	Effective date of action:
Employee Address:	Location (3-digit code): Check location #:
Employee email address:	Budget (Org and Obj #):

POSITION INFORMATION: *Please complete all sections below. All sections are required.*

<input type="checkbox"/> New Hire Permanent <input type="checkbox"/> New Hire Temporary <input type="checkbox"/> New Hire Part Time <input type="checkbox"/> New Hire Seasonal <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Transfer <input type="checkbox"/> Separation <input type="checkbox"/> Retirement <input type="checkbox"/> Resignation <input type="checkbox"/> Acting Assignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Change <input type="checkbox"/> Location Change <input type="checkbox"/> Reclassification <input type="checkbox"/> Stipend	Previous Incumbent:	Is this a newly created FTE approved by the Council through the budget process: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Title:	Position # in Munis:
	Job Class:	Benefits eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Group/BU:	Total # of Hours/Week:
	Schedule Information: <i>Check all that apply</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, 20+ hours (benefits eligible) <input type="checkbox"/> Part Time, less than 20 hours <input type="checkbox"/> Part Time, Seasonal (more than 20 hours) <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Intern, paid <input type="checkbox"/> Other: _____	

SALARY AND WAGE INFORMATION: *Please complete all sections below. All sections are required.*

Budgeted Salary for Fiscal Year at 52.2 weeks: \$	Salary Table/Wage Scale:
Annual Pay (Salary Table): \$	Range/Grade:
Weekly Pay: \$	Step:
Hourly Pay: \$	Step Date: <i>*If keeping step date, list. If changing, please list.</i>
FTE Percent:	Pay Frequency:
Retirement: <input type="checkbox"/> N/A <input type="checkbox"/> City Retirement (Pension) - _____ % <input type="checkbox"/> OBRA	Stipend Codes, Amounts, and Org & Obj:

Notes:

APPROVALS:

Department Head

Director of Human Resources

Chief Financial Officer

Comptroller of Accounts (or designee)

Mayor

Approvals Page - Personnel Action Form (PAF)

Employee name: _____

Employee ID #: _____

Reason for PAF*: _____

**reason from page 1*