



Town of Ashland, Massachusetts

101 Main Street, 01721-1191

For more information please visit us at www.ashlandmass.com

PERSONNEL ACTION REQUEST FORM

Employee Name: _____

Address: _____

Employee Number: _____ Social Security No.: _____

Today's Date: _____ Elapsed months since last salary action: _____

Action Requested: Hire Title Change Gen'l Increase
 Merit Increase Rehire Termination
 Transfer Other

PRESENT INFORMATION:

Department: _____ Grade: _____

Position: _____ Rate of Pay: _____

REQUESTED CHANGE:

(leave area blank if no change)

Department: _____ Grade: _____

Position: _____ Rate of Pay: _____

Effective Date of Change: _____

Justification: _____

Org: _____ Obj: _____

APPROVALS:

Department Head: _____ Date: _____

HR Director: _____ Date: _____

Town Manager: _____ Date: _____