



# TOWN OF MIDDLETON EMPLOYEE MASTER FILE MAINTENANCE

**NEW**   
**CHANGE**  \*\*\*

**Employee Number** \_\_\_\_\_

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

    Last \_\_\_\_\_ First, middle initial \_\_\_\_\_

**Employee Address** \_\_\_\_\_

    Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Department** \_\_\_\_\_

**Primary Org/Obj** Org \_\_\_\_\_ Obj \_\_\_\_\_

**Secondary Org/Obj** Org \_\_\_\_\_ Obj \_\_\_\_\_

**Primary Pay Freq.** biweekly  hourly  salary  monthly

**Personnel Status** FT = Full Time  PT = Part Time

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## **EMPLOYEE JOB/SALARY – All applicable fields required**

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**Job Title** \_\_\_\_\_

**Yearly Salary** \_\_\_\_\_

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

**Biweekly Salary** \_\_\_\_\_

**Step/Level** \_\_\_\_\_

**Hourly Rate** \_\_\_\_\_

**Sched Hours** \_\_\_\_\_

**Daily Rate** \_\_\_\_\_

**OT/DT Rate** \_\_\_\_\_

### **\*\*\* Reason for Change**

- Appointment
- Re-instatement
- Resignation (Attach Letter of Resignation)
- Termination
- Leave of Absence
- Wage/Salary Increase

### **Vacation/Sick Accruals:**

\_\_\_\_\_ vacation hours per year  
\_\_\_\_\_ effective date

\_\_\_\_\_ sick hours per year

Step Increase  
From \_\_\_\_\_ to \_\_\_\_\_ hourly  bi-weekly

**Approved by Human Resources Director**

**Department Head Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_