



# 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 ☐

## EMPLOYEE JOB/SALARY – All applicable fields required

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

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

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

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

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

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

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

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

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

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

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

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

### Vacation/Sick Accruals:

\_\_\_\_\_ vacation hours per year

\_\_\_\_\_ effective date

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

Approved by Human Resources Director ☐

Department Head Signature \_\_\_\_\_

Date: \_\_\_\_\_