



Town of Stow

Employee Status Form

Department: _____

Employee Name: _____

New Hire or Change in Classification:

Date of Hire or Change: _____

Job Title: _____

Union ByLaw

Salary Hourly Annual Salary or Hourly Rate: _____

Pay Step _____ Longevity: _____

Full Time: Part Time: No. of Hours Weekly: _____

Vacation Accrual Rate: _____

Sick Accrual Rate: _____ Personal Days: _____

Termination:

Date: _____

Reason: Retired Resigned Terminated

Authorized Signature: _____ Date: _____

Dept. Head, Board or Commission

Town Administrator: _____ Date: _____