



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: _____