

**TOWN OF MANCHESTER, CONNECTICUT
PERSONNEL ACTIVITY FORM - INITIAL OR REHIRE ONLY**

Incomplete forms will be returned to originating department and could result in a delay in processing activity. Press down firmly as there are multiple copies of this form.

Social Security Number _____ Effective Date _____
(A copy of employee's Social Security card **must be attached** to the PAF.)

Full Name _____
(Use name as printed on individual's Social Security card)

Address _____
(This is required information)

City/State/Zip _____ Home Phone # _____

Date of Birth _____ Gender _____ Marital Status (M) _____ (S) _____

Ethnic Code _____ (Codes: A=Asian/Pacific Islander; B=Black; W=Caucasian; H=Hispanic)

Reason for PAF: (check only one) New Hire _____ Re-Hire _____

Employee Type: (check only one) Regular F/T* _____ Regular P/T* _____

Hourly P/T* _____ Durational* _____ Seasonal _____ Election Worker _____

***For these employees, attach** letter of hire. **For durational employees, attach** applicable health insurance/leave benefit details along with projected ending date of employment.

Attach appropriate salary schedule page and use to complete the next section:

Job Class Code _____ Group/Union _____
(If unaffiliated, indicate Unaffiliated subgroup, i.e. Dept Head, Div Head, etc.)

Job Class Name _____

Location (Dept/Div) _____

Grade/Step _____ Hours of Work (Bi-weekly) _____

Hourly Pay Rate _____ Annual Pay Rate _____

Accounts: 1st _____ 2nd _____
Org/Object/Project #/% Org/Object/Project #/%

Dept Head Date Human Resources Date General Manager Date

HR to Check Appropriate Classification: Exempt: _____ Non-exempt: _____