

MOUNT OLIVE TOWNSHIP PERSONNEL ACTION FORM

Name: _____ **SS#:** _____

Address: _____ **DOB:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Emergency Contact:** _____

EMPLOYMENT INFORMATION

Insurance Contribution: Yes or No If yes, \$ _____ /per annum

Title: _____ **Department:** _____ **Hours/week** _____

Salary: _____ **Hire Date:** _____ **Grade:** _____

Circle Where Applicable:

Permanent Temporary Full-Time Part-Time Seasonal Replacement for Vacant Position New Position

PROMOTION/TRANSFER/DEMOTION

Current Title: _____ **Department:** _____

Current Salary: _____ **Grade:** _____

New Title: _____ **Department:** _____

New Salary: _____ **Grade:** _____ **Effective Date:** _____

TERMINATION OF EMPLOYMENT

Termination Date: _____ **Reason:** _____

Remarks: _____

1ST APPROVAL SIGNATURES

Supervisor: _____ **Department Head:** _____

2ND APPROVAL SIGNATURES

(CFO) Fund Availability: _____ **Date:** _____

Business Administrator: _____ **Date:** _____

Mayor: _____ **Date:** _____