

**Personnel Action Form
Approval of Employment**

**Town of Edgartown, Massachusetts
Human Resource Department**



Form last reviewed: 06/23/2024

Department: _____ Dept. & Payroll #: _____

Employee Name: _____ Position Title: _____

Permanent: _____ Temporary: _____ Seasonal: _____ Full-time: _____ Part-time: _____

Average Weekly Hours: _____ Salary Grade: _____ Step: _____ Hourly Rate: _____

Start Date / Anniversary Date: _____

End Date, if Temporary: _____

Special Qualifications: _____

Has the position been advertised? _____ Internal Posting? _____ Newspaper? _____

Additional Remarks: _____

Interviewed By: _____ References Checked? _____ Ample Funds? _____

I hereby certify a thorough review has been made of the present personnel complement and the filling of this position is essential for the operation of the department. The position job description and advertisement is attached to this form with the proposed employee's job application.

Department Head / Appointing Authority

Date

TO BE COMPLETED BY HUMAN RESOURCE DEPARTMENT

Returning Employee?: _____ Employee #: _____

Date of Probationary Review: _____

Town Hall Key?: _____ If yes, Key #: _____ Parking Permit?: _____ If yes, Permit #: _____

Human Resource Director

Date