

TOWN OF LUNENBURG

REQUEST FOR APPROVAL OF PERSONNEL ACTION

To the Personnel Committee:

Request is hereby made for approval of Personnel action as follows:

NAME OF EMPLOYEE _____ DEPARTMENT _____

PRESENT DESIGNATION _____

EFFECTIVE DATE OF ACTION _____

TYPE OF ACTION:

STEP RATE INCREASE	DEFERRED PROMOTIONAL INCREASE
RECLASSIFICATION	OTHER
PROMOTIONAL INCREASE	
DATE OF EVALUATION	EVALUATION RATING

PRESENT				PROPOSED			
DESIGNATION	GRADE	STEP	RATE	DESIGNATION	GRADE	STEP	RATE

The undersigned hereby certifies that in his/her opinion the above named individual qualifies for the action requested above and in the case of an existing employee, that he/she has had a satisfactory performance record.

DEPT. HEAD SIGNATURE _____ DATE _____

TOWN MANAGER SIGNATURE _____ DATE _____

Approved by the Personnel Board signifies consistency with the provisions of the Salary Administration Plan.

RECAPITULATION OF PERTINENT PRIOR ACTION (THREE REQUIRED):

ACTION	DATE	GRADE	RATE	STEP	DESIGNATION