



TOWN OF AMHERST PERSONNEL ACTION REQUEST FORM

Department: _____ Employee Name: _____ Position Title: _____

Full-time Part-time Temporary/Seasonal

New Hire Replacement Promotion

Transfer Department Transferring From: _____

Requested Salary/Grade/Step: _____ Effective Date: _____

Collective Bargaining Unit / Exempt: _____

Current Salary/Grade/Step (Promotions Only): _____

Reason for Request / Rationale for Promotion: _____

Current Job Duties (Promotions Only): _____

New/Additional Duties (Promotions Only): _____

Who is Being Replaced and Reason (Retirement, Resignation, etc.): _____

Financial Impact: _____

Budgeted (Y/N)? _____

If not budgeted, indicate how request will be funded: _____

Impact on Department's Operations: _____

Other Relevant Issues: _____

I hereby request the above personnel action.

Department Head

Date