



TOWN OF AMHERST PERSONNEL ACTION REQUEST FORM

Department: _____ Employee Name: _____

Position Title: _____

Full-time ☐

Part-time ☐

Temporary ☐

New Hire ☐

Replacement ☐

Promotion ☐

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

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 approve the requested personnel action.

Department Head

Date