



Town of Dunstable

Change in Status Form

Employee Name _____ Date _____

Employee Address _____

Home Phone: _____ DOB _____

Employee Status: _____ Hired _____ Appointed _____ Elected _____ Temporary in excess of 90 days

Employee Start Date: _____ Hours per week: _____

Department: _____ Rate of pay \$ _____ per hour

Title: _____ Rate of pay \$ _____ annual

Middlesex Retirement Y _____ N _____ or OBRA Y _____ N _____

REASON FOR CHANGE OF STATUS (New Hire, Resignation, Termination, Layoff, or Other):

Effective date of change: _____

Signature of Department Head

Date

Signature of Town Administrator

Date