

Town of Newton, N.H.
CHANGE IN RATE OF PAY

Employee Name: _____ Grade: _____ Step: _____

Hire Date: _____ Job Title: _____

Base Rate of Pay/Rate of Pay: _____/_____

Effective Date: _____ Department: _____

Pay-period: ☐ Biweekly ☐ Every 4 weeks ☐ Quarterly ☐ Annually

Pay Date is: Thursday

Paychecks are distributed on: Thursday

Benefits offered: ☐ Health Insurance ☐ Dental Insurance

☐ Short term Disability ☐ NH Retirement ☐ AFLAC

Date of Board of Selectmen Minutes (required): _____

Probation effective date: _____ Off Probation date: _____

(Signature of Employee)

(Signature of Payroll Administrator)

(Signature of Town Administrator)