



# City of Waterbury Employee Change Form (ECF)



EMPLOYEE #:

FULL-NAME:

CURRENT PROCESS-LEVEL:

EFFECTIVE DATE:

DATE-HIRED:  Adjusted DOH:

SOC SEC #:  Print Date:

**Please complete appropriate boxes and supply support documentation as needed:**

<b>Employment Action (Check all that apply):</b>		Grant Employee <input type="checkbox"/>	Change in Hours <input type="checkbox"/>	Employee Class: <input type="text"/>
New Hire <input type="checkbox"/>	Promotion <input type="checkbox"/>	Step Increase <input type="checkbox"/>	Retirement <input type="checkbox"/>	Regular <input type="checkbox"/> Acting <input type="checkbox"/>
Rehire <input type="checkbox"/>	Reclassification <input type="checkbox"/>	Salary Adjust <input type="checkbox"/>	Demotion <input type="checkbox"/>	Temporary <input type="checkbox"/> Temporary Grant <input type="checkbox"/>
Termination <input type="checkbox"/>	Transfer <input type="checkbox"/>	Status Change <input type="checkbox"/>	HRIS Correction <input type="checkbox"/>	Grant <input type="checkbox"/> Seasonal <input type="checkbox"/>

Step Increase / Salary Adjust <input type="checkbox"/>  RETRO? (Check below if Yes) <input type="checkbox"/>	Current Pay Rate	<input type="text"/>	NEW PAY-RATE	<input type="text"/>
	Current Pay Code	<input type="text"/>	NEW PAY-CODE	<input type="text"/>
	Current Pay Schedule:	<input type="text"/>	NEW PAY- SCHEDULE	<input type="text"/>
	Current Pay Grade and Step	<input type="text"/> <input type="text"/>	NEW PAY-GRADE/STEP	<input type="text"/>
	Current Union Code	<input type="text"/>	NEW UNION CODE	<input type="text"/>
	Current Bargaining Unit	<input type="text"/>	NEW BARGAINING UNIT	<input type="text"/>

Status Change <input type="checkbox"/>  <b>Change To:</b> <input style="width: 50px; height: 20px;" type="text"/>	Current Status: <input type="text"/>	Weekly <input type="checkbox"/>	BiWeekly: <input type="checkbox"/>	Monthly <input type="checkbox"/>
	10 Month Employee <input type="checkbox"/>	Regular Full Time <input type="checkbox"/>	Regular Part Time <input type="checkbox"/>	Part-Time <20 <input type="checkbox"/>
	12 Month Employee <input type="checkbox"/>	Part-time 20-34 Hours <input type="checkbox"/>	Per Diem <input type="checkbox"/>	Temporary/Seasonal <input type="checkbox"/>
	Annual Hours <input type="text"/>	New Annual Hours <input type="text"/>	Hours Per Week: <input type="text"/>	Benefit Eligible? Yes / No

Transfer / Job Change <input type="checkbox"/>  <b>CHECK ONE:</b> Primary Position <input type="checkbox"/>  Concurrent Position <input type="checkbox"/>	Dept	<input type="text"/>	NEW DEPARTMENT	<input type="text"/>
	Job Code	<input type="text"/>	NEW JOB CODE	<input type="text"/>
	Position #	<input type="text"/>	NEW POSITION NUMR	<input type="text"/>
	Current Loc	<input type="text"/>	NEW LOCATION	<input type="text"/>
	Current User Level	<input type="text"/>	NEW USER LEVEL	<input type="text"/>
	Current Account Unit	<input type="text"/>	NEW ACCT UNIT	<input type="text"/>
	Current Account	<input type="text"/>	NEW ACCOUNT	<input type="text"/>
	Current Account Description	<input type="text"/>	NEW ACCOUNT DESC	<input type="text"/>
	Current Account Category	<input type="text"/>	NEW CATEGORY	<input type="text"/>
Activity	<input type="text"/>	NEW ACTIVITY	<input type="text"/>	

Current Supervisor: <input type="text"/>	NEW SUPERVISOR <input type="text"/>
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Termination <input type="checkbox"/>	Voluntary <input type="checkbox"/>	State Reason: <input type="text"/>
	Discharge <input type="checkbox"/>	State Reason: <input type="text"/>
	Retirement: <input type="checkbox"/>	State Reason: <input type="text"/>
	Other: <input type="checkbox"/>	State Reason: <input type="text"/>
	Last Day Worked: <input type="text"/>	Last Day Pay <input type="text"/>
	Eligible For Rehire Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> If Not Eligible, provide reason(s) below: <input type="text"/>
	Sick Days Remaining <input type="text"/>	Vacation Days Remaining <input type="text"/>
Interested in Recall Yes <input type="checkbox"/> No <input type="checkbox"/>		

Notes:

Mayor/BOE Signature/Date: <input style="width: 200px; height: 20px;" type="text"/>	HR Director Signature/Date: <input style="width: 200px; height: 20px;" type="text"/>
Dept Head Signature/Date: <input style="width: 200px; height: 20px;" type="text"/>	Processed by: <input style="width: 150px; height: 20px;" type="text"/> Date: <input style="width: 80px; height: 20px;" type="text"/>