

**TOWN OF HUBBARDSTON
WAGE AUTHORIZATION FORM**

Employee Status:

- ☐ New Employee
- ☐ Current Employee - Annual or Six-Month Rate Change
- ☐ Current Employee - Change in Position or Pay Rate
- ☐ Current Employee - Contractual Wage Change

Employee Name:

Department:

Employee's Anniversary Date (Date of Original Hire by Town):

Current Wage Rate: _____ (if New Employee, enter Starting Rate)

New Wage Rate: _____ Effective Date: _____

Check applicable category:

If New Employee, copy of Offer of Employment Letter is attached for Town Administrator approval.

- ☐ If Current Employee, Probationary Period has been completed satisfactorily. (Performance Review Attached)
- ☐ If Change in Position or Pay for Current Employee, Wage Verification Letter is attached for Town Administrator approval.

Department Head/Board Chairperson verifies that there are sufficient funds in department/board appropriation to fund this wage level.

Name of Department Head/Board Chairperson:

Signature of Department Head/Board Chairperson

Date

Town Administrator Approval

1. _____ Date: _____

BOARD OF SELECTMEN NOTIFIED ON _____ DATE

Distribution: Original to Personnel; Copy to to Requesting Dept./Board; Town Accountant; Treasurer