

**TOWN OF ASHBY
PAYROLL FORM**

Date: _____

Submitted by: _____

Signature: _____

Department: _____

Check one:

____ New Employee

____ Change in pay

If new employee:

Date of Hire: _____

Employee Name: _____

Position: _____

Pay Rate: _____ per hour

_____ per pay period

(x 26.1 periods =)

_____ yearly total

Approved by Town Administrator: _____

Note: This form is to be used when any Department hires a new employee or any time there is a change in wage.

PLEASE RETURN THIS FORM TO THE TOWN TREASURER