

***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  Monthly  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): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Signature of Payroll Administrator)

\_\_\_\_\_  
(Signature of Town Administrator)