Town of Swampscott
Payroll Data Form for Town Employees
(Please print legibly)

Name: _____   Social Security Number: _____

Current Address: _____   _____ _____ _____
(Street Address)   (City/Town)   (State)   (Zip Code)

Home Phone: (   )_____ - _____   Cell Phone: (   ) _____ - _____

E-Mail Address: _____

Date of Birth: _____/_____/_____   Marital Status: Single   Married
(Please Circle One)

Department: _____

Person to Contact in Case of Emergency: _____

Phone Number: (   )_____ Relationship: _____

Employee's Signature: _____   **Date**: _____

For Administrative Use Only

Date of Hire: _____   Position: _____

Salary: Account Information:

    Annual: $_____   Org: _____

    Weekly: $_____   Object: _____

    Hourly: $_____   Location: _____

        # of Pay Periods: 52   12   Other _____
(Please select One)

Union: _____   Step   _____   Grade _____

Retirement: Town: _____%   OBRA: _____

H.R. Director: _____ **Date**: _____

Town Accountant: _____

Town Administrator: _____