



**TOWN OF PRINCETON
EMPLOYEE DATA SHEET**

Personal Information:

NAME (PRINT): _____

Street Address: _____

City/Town: _____ ZIP Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Emergency Contact: _____ Relation: _____

Emergency Contact #: _____

Employee Information:

To be completed by Department Head

Date of Hire: _____ Department: _____

☐ Part Time ☐ Full Time

Accrual Rate:

TYPE OF ACCRUED TIME	ACCRUAL RATE
Personal	
Sick	
Vacation	