

## REPORT OF PERSONNEL CHANGE

Report all personnel changes on this form. Send one copy prior to payroll affected by this change.

TO: Jefferson County Department of Human Resources  
175 Arsenal Street Watertown, NY

FROM: \_\_\_\_\_  
CITY COUNTY TOWN VILLAGE OR DISTRICT  
(Name only one)

DEPARTMENT \_\_\_\_\_

NAME AND TITLE OF LAST EMPLOYEE IN POSITION \_\_\_\_\_

NAME OF EMPLOYEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TITLE OF POSITION \_\_\_\_\_

SALARY \_\_\_\_\_

Veteran [ ]  
Disabled Veteran [ ]

Non-Veteran [ ]  
Exempt Volunteer Fireman [ ]

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

RETIREMENT NUMBER \_\_\_\_\_

	Check nature of Personnel Change	DATE EFFECTIVE	Action necessary by Appointing Officer
A P P O I N T M E N T S	Permanent		Attach county application
	Provisional		Attach county application
	Temporary	From _____ To _____	State length of employment
	Substitute	From _____ To _____	Give facts under Remarks
	For Term of Office	From _____ To _____	Give facts under Remarks
	Permanent Promotion		Attach county application
	Provisional Promotion		Attach county application
	Temporary Promotion		Attach county application
T E R M I N A T I O N S	Resignation		Submit signed resignation
	Retirement		Give effective date
	Deceased		Indicate date
	Removal		Attach copy of proceedings pursuant to NYS Civil Service Law Section 75
	Termination		Return Probation Report
	Dismissed		From Eligible List
	Lay-off (Lack of Work or Funds)		Give facts under Remarks
O T H E R  C H A N G E S	Military leave of absence	From _____ To _____	Give facts under Remarks
	Other leave of absence	From _____ To _____	Give facts under Remarks
	Worker's Compensation	From _____ To _____	
	Transfer		Give facts under Remarks
	Demotion		Give facts under Remarks
	Suspension		Give facts under Remarks
	Reinstatement		Give facts under Remarks
	Change in Classification		Give facts under Remarks
	Change in salary		Indicate New Salary & Date of Board Authorization
	Change in name		Give facts under Remarks
Other		Give facts under Remarks	

REMARKS: (Continue on back if necessary)

Appointing Officer \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

CERTIFICATE  
valid until

\_\_\_\_\_  
(Date)

This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.

By: \_\_\_\_\_

Date: \_\_\_\_\_