



DUTCHESS COUNTY DEPARTMENT OF HUMAN RESOURCES

Report of Personal Change Form and Supplementary Payroll Certification

DATE: _____ NAME: _____

AGENCY: _____ ADDRESS: _____

POSITION TITLE: _____

ROSTER POSITION #: _____ DATE OF BIRTH: _____ SS#: _____

SALARY (Indicate **yearly**, **hourly**, etc.): _____ RETIREMENT #: _____

LAST EMPLOYEE IN POSITION: _____

NON-VETERAN: VETERAN: DISABLED VETERAN:

EXEMPT VOLUNTEER FIREFIGHTER:

	✓	CHECK NATURE OF PERSONNEL CHANGE	EFFECTIVE DATE	ACTION NECESSARY BY APPOINTING OFFICER
A P P O I N T M E N T S	<input type="checkbox"/>	Permanent <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly		Return certification of eligible
	<input type="checkbox"/>	Permanent <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly Promotion		Return certification of eligible
	<input type="checkbox"/>	Contingent <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly Permanent		Return certification of eligible
	<input type="checkbox"/>	Provisional <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly		Attach application
	<input type="checkbox"/>	Provisional <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly Promotion		Attach application
	<input type="checkbox"/>	Temporary*	From: To:	State length of appointment and reason, if made from eligible list, certification to be returned
	<input type="checkbox"/>	Non-competitive Class		Attach application
	<input type="checkbox"/>	55a Appointment		Attach application
	<input type="checkbox"/>	Exempt Class		Submit this form only
	<input type="checkbox"/>	Labor Class		Submit this form only
T E R M I N A T I O N S	<input type="checkbox"/>	Resignation		Submit signed resignation
	<input type="checkbox"/>	Retirement		Give effective date
	<input type="checkbox"/>	Deceased		Indicate date of death
	<input type="checkbox"/>	Section 75 Termination		Submit copy of charges
	<input type="checkbox"/>	Temporary or Provisional		Give effective date
	<input type="checkbox"/>	Lay-off (Lack of work or funds)		Give facts under Remarks
O T H E R	<input type="checkbox"/>	Probation Complete		Give effective date
	<input type="checkbox"/>	Military Leave		Give facts under Remarks
	<input type="checkbox"/>	Leave of Absence <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Indicate date out and/or return date		Give facts under Remarks
	<input type="checkbox"/>	Demotion		Give facts under Remarks
C H A N G E S	<input type="checkbox"/>	Suspension		Attach copy of disciplinary proceedings
	<input type="checkbox"/>	Reinstatement		Give facts under Remarks
	<input type="checkbox"/>	Change in Classification		Give facts under Remarks
	<input type="checkbox"/>	Change in Salary		Indicate new salary
	<input type="checkbox"/>	Change in Name/Address		Give facts under Remarks
	<input type="checkbox"/>	Other		Give facts under Remarks

*If temporary appointment is made from eligible list, certification should be returned.

Remarks: _____

Appointing Officer: _____

Title: _____

Signature: _____

FOR DUTCHESS COUNTY TRANSACTIONS USE ONLY.

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

DCHR Approval: _____