

DUTCHESS COUNTY DEPARTMENT OF HUMAN RESOURCES

Report of Human Resources Change Form and Supplementary Payroll Certification

DATE: _____ NAME: _____

AGENCY: _____ ADDRESS: _____

POSITION TITLE: _____

POSITION NUMBER: _____ PHONE: (_____) _____

FULL TIME: _____ PART TIME: _____ HOURLY: _____ DATE OF BIRTH: _____

SALARY: _____ SOCIAL SECURITY #: _____

LAST EMPLOYEE IN POSITION: _____ RETIREMENT #: _____

Non-Veteran Veteran Disabled Veteran
Exempt Volunteer Fireman

		CHECK NATURE OF PERSONNEL CHANGE	ACTION NECESSARY BY APPOINTING OFFICER	EFFECTIVE DATE
APPOINTMENTS		Permanent Competitive Class	return certification of eligibles	
		Permanent Competitive Class Promotion	return certification of eligibles	
		Provisional Competitive Class	attach application	
		Provisional Competitive Class Promotion	attach application	
		Temporary *	state length of appointment and reason	from: _____ to: _____
		Non-competitive Class	attach application	
		Exempt Class	submit this form only	
TERMINATIONS		Labor Class	submit this form only	
		Resignation	submit signed resignation	
		Retirement	give effective date	
		Deceased	indicate date	
		Temporary or Provisional	give effective date	
OTHER CHANGES		Lay-off (lack of work or funds)	give facts under Remarks	
		Probation Complete	give effective date	
		Military Leave	give facts under Remarks	
		Other Leave of Absence	give facts under Remarks	
		Demotion, Suspension or Removal	attach copy of disciplinary proceedings	
		Reinstatement	give facts under Remarks	
		Change in Classification	give facts under Remarks	
		New Position	submit New Position Duties Statement	
		Change in Salary	indicate new salary	
		Change in Name	give facts under Remarks	
	Other	give facts under Remarks		

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

Remarks: _____
Appointing Officer: _____

Title: _____

Approval: _____

For Office Use

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.

By: _____

Date: _____ Valid Until : _____