



# 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
<b>A P P O I N T M E N T S</b>	<input type="checkbox"/>	Permanent <input type="checkbox"/> <b>Full-time</b> <input type="checkbox"/> <b>Part-time</b> <input type="checkbox"/> <b>Hourly</b>		Return certification of eligible
	<input type="checkbox"/>	Permanent <input type="checkbox"/> <b>Full-time</b> <input type="checkbox"/> <b>Part-time</b> <input type="checkbox"/> <b>Hourly</b> Promotion		Return certification of eligible
	<input type="checkbox"/>	Contingent <input type="checkbox"/> <b>Full-time</b> <input type="checkbox"/> <b>Part-time</b> <input type="checkbox"/> <b>Hourly</b> Permanent		Return certification of eligible
	<input type="checkbox"/>	Provisional <input type="checkbox"/> <b>Full-time</b> <input type="checkbox"/> <b>Part-time</b> <input type="checkbox"/> <b>Hourly</b>		Attach application
	<input type="checkbox"/>	Provisional <input type="checkbox"/> <b>Full-time</b> <input type="checkbox"/> <b>Part-time</b> <input type="checkbox"/> <b>Hourly</b> Promotion		Attach application
	<input type="checkbox"/>	Temporary*	<b>From:</b> <b>To:</b>	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
<b>T E R M I N A T I O N S</b>	<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 <b>Remarks</b>
<b>O T H E R</b>	<input type="checkbox"/>	Probation Complete		Give effective date
	<input type="checkbox"/>	Military Leave		Give facts under <b>Remarks</b>
	<input type="checkbox"/>	Leave of Absence <input type="checkbox"/> <b>Paid</b> <input type="checkbox"/> <b>Unpaid</b> Indicate date out and/or return date		Give facts under <b>Remarks</b>
	<input type="checkbox"/>	Demotion		Give facts under <b>Remarks</b>
<b>C H A N G E S</b>	<input type="checkbox"/>	Suspension		Attach copy of disciplinary proceedings
	<input type="checkbox"/>	Reinstatement		Give facts under <b>Remarks</b>
	<input type="checkbox"/>	Change in Classification		Give facts under <b>Remarks</b>
	<input type="checkbox"/>	Change in Salary		Indicate new salary
	<input type="checkbox"/>	Change in Name/Address		Give facts under <b>Remarks</b>
	<input type="checkbox"/>	Other		Give facts under <b>Remarks</b>

\*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: \_\_\_\_\_