

DUTCHESS COUNTY DEPARTMENT OF HUMAN RESOURCES

Report of Personnel Change Form and Supplementary Payroll Certification

DATE: _____ NAME: _____
 AGENCY: _____ ADDRESS: _____
 POSITION TITLE: _____
 SALARY: _____ DATE OF BIRTH: _____
 LAST EMPLOYEE IN POSITION: _____ SOCIAL SECURITY #: _____
 _____ 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	
	Provisional Competitive Class	attach application	
	Temporary *	state length of appointment and reason	from: to:
	Substitute Appointment	give facts under Remarks	from: to:
	Permanent Competitive Class Promotion	return certification of eligibles	
	Provisional Competitive Class Promotion	attach application	
	Non-competitive Class	attach application	
	Exempt Class	submit this form only	
	Labor Class	submit this form only	
TERMINATIONS	Resignation	submit signed resignation	
	Retirement	give effective date	
	Deceased	indicate date	
	Temporary or Provisional	give effective date	
	Lay-off (lack of work or funds)	give facts under Remarks	
OTHER CHANGES	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.

Revised 08/14

By: _____

Date: _____ Valid Until : _____