

ULSTER COUNTY

REPORT OF PERSONNEL CHANGE AND SUPPLEMENTARY PAYROLL CERTIFICATION FORM*
 MAIL OR DELIVER TO: Ulster County Personnel Department, County Office Building, 244 Fair St., P.O. Box 1800, Kingston, NY 12402-1800

FROM: _____ DATE: ____/____/____
 AGENCY NAME (Town, Village, School District or Special District)

EMPLOYEE NAME: _____ RETIREMENT #: _____ SSID#: _____

ADDRESS: _____ PHONE: _____ DATE OF BIRTH: ____/____/____

POSITION TITLE: _____ POSITION #: _____ LOCATION: _____

SALARY: ____/____ STANDARD HOURS: ____/____ LAST EMPLOYEE IN POSITION: _____

VETERAN
 NON-VETERAN
 DISABLED VETERAN
 EXEMPT VOLUNTEER FIREFIGHTER

CHECK NATURE OF PERSONNEL CHANGE	ACTION NECESSARY BY APPOINTING OFFICER	EFFECTIVE DATE
APPOINTMENTS		
Permanent	Return Certification of Eligibles	
Contingent Permanent	Return Certification of Eligibles	
Provisional	Attach Application	
Reinstatement	Give Facts under Remarks	
Demotion	Give Facts or Attach Copy of Proceedings	
Reassignment	Give Facts under Remarks	
Transfer	Give Facts under Remarks	
Temporary**	Attach Application and State Length of Employment and Reason	FROM TO
Substitute	Attach Application	FROM TO
Seasonal	Attach Application	FROM TO
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	
Dismissal	Attach Copy of Proceedings	
Termination	Give Effective Date	
Lay-Off (Lack of Work or Funds)	Give Facts under Remarks	
OTHER CHANGES		
Military Leave of Absence	Give Facts under Remarks	
Other Leave of Absence	Give Facts under Remarks	FROM TO
Suspension	Give Facts under Remarks	
Change in Classification	Give Facts under Remarks	
New Position	Submit New Position Duties Statement (MSD 222)	
Change in Salary	Indicate New Salary	
Change in Name	Give Facts under Remarks	
Other	Give Facts under Remarks	

* Report all personnel changes on this form prior to payroll affected by this change.
 ** If temporary appointment is made from eligible list, return certification of eligibles.

REMARKS: (continue on back if necessary)

Appointing Officer: _____ Title: _____

This certifies that the above employment is in accordance with law and rules. When used for supplementary payroll certification approval is for a period not to exceed one year.

Personnel Officer: _____ Date: _____