REPORT OF PERSONNEL CHANGE Report all personnel changes on this form. Send one copy prior to payroll affected by this change. Jefferson County Department of Human Resources 175 Arsenal Street Watertown, NY TO: NAME OF EMPLOYEE FROM: CITY COUNTY TOWN VILLAGE OR DISTRICT (Name only one) **ADDRESS** TITLE OF POSITION SALARY Veteran [] Non-Veteran 1 DEPARTMENT DATE OF BIRTH SOCIAL SECURITY NUMBER NAME AND TITLE OF LAST EMPLOYEE IN POSITION RETIREMENT NUMBER **Check nature of Personnel Change** DATE EFFECTIVE Action necessary by Appointing Officer Р P Permanent Attach county application O I Provisional (requires Civil Service exam to be given) Attach county application N Т State length of employment & attach county application **Temporary** M Е Substitute From To Attach county application Ν Т Permanent Promotion (Competitive titles only) Attach county promotion application S Provisional Promotion (Competitive titles only) Attach county promotion application **Temporary Promotion (Competitive titles only)** Attach county promotion application Resignation T E R M I N A T I O N S Submit signed resignation Retirement Give effective date Deceased Indicate date Attach copy of proceedings pursuant to NYS Civil Service Law Section 75 Removal Termination Return Probation Report Lay-off (Lack of Work or Funds) Give facts under Remarks O From To Military leave of absence Give facts under Remarks T Н To Other leave of absence From Give facts under Remarks Е Worker's Compensation From To R **Demotion** Give facts under Remarks C Н Suspension Give facts under Remarks Α N Give facts under Remarks G Reinstatement Е Indicate New Salary & Date of Board Authorization S Change in salary Give facts under Remarks Change in name Other Give facts under Remarks REMARKS: (Continue on back if necessary) Appointing Officer Title _ Date __ CERTIFICATE This certifies that 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) Rev. 10/19