

To: **Cortland County Personnel/Civil Service**

From: _____
(City/County/Town/Village or School/Housing Authority/
Soil & Water)
(Name only one)

Department _____

Position Number of last employee _____

NAME AND TITLE OF LAST EMPLOYEE IN POSITION
(USE ONLY FOR REPLACEMENT)
IF NEW POSITION, NOTE BELOW

New position number: _____

Name of Employee

Address

C.S. Title of Position

Salary/hourly rate

Grade _____ Step _____

Veteran Non-Veteran

Disabled Veteran Exempt Volunteer Fireman

Date of Birth

Social Security Number

Retirement Reg. Number

	Check Nature of Personnel Change	Date Effective / Probation	Action Necessary by Appointing Officer
APPOINTMENT	<input type="checkbox"/> Permanent Competitive	Probation: _____	Return Certificate of Eligibles
	<input type="checkbox"/> Contingent Permanent (Competitive Only)	Probation: _____	Return Certificate of Eligibles
	<input type="checkbox"/> Permanent Promotion (Competitive Only)	Probation: _____	Return Certificate of Eligibles
	<input type="checkbox"/> NCP (Competitive only)	Probation: _____	Return Certificate of Eligibles
	<input type="checkbox"/> Provisional (Competitive only)		Attach application
	<input type="checkbox"/> Provisional Promotion (Competitive Only)		Attach application
	<input type="checkbox"/> Permanent Non-Competitive Class		Attach application
	<input type="checkbox"/> Permanent Labor Class		Attach application
	<input type="checkbox"/> For Term of Office Elected <input type="checkbox"/> Exempt <input type="checkbox"/> Unclassified <input type="checkbox"/>	From _____ To _____	Give facts under "Remarks"
	<input type="checkbox"/> Temporary	From _____ To _____	State length of employment; attach application or "Certification of Eligibles".
	<input type="checkbox"/> Reinstated	Date: _____	Give facts under "Remarks"
	<input type="checkbox"/> Part Time <input type="checkbox"/> Competitive <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Labor Class	# of hours per week _____	Give facts under "Remarks"; attach application, I-9, W-4, Retirement Option and Hiring Freeze Authorization
TERMINATION	<input type="checkbox"/> Resignation	Date: _____	Submit signed resignation and exit interview
	<input type="checkbox"/> Retirement	Date: _____	Give effective date/ attach letter/ exit interview
	<input type="checkbox"/> Deceased	Date: _____	Give effective date
	<input type="checkbox"/> Removal	Date: _____	Attach copy of proceedings
	<input type="checkbox"/> Lay-off (Lack of Work or Funds)	Date: _____	Give facts under Remarks
	<input type="checkbox"/> Other Terminations		Give facts under Remarks
OTHER CHANGES	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> paid <input type="checkbox"/> Unpaid OR <input type="checkbox"/> FMLA: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Military: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	From _____ To _____	Give facts and type of leave under "Remarks"; attach unpaid leave request/ attach Military Orders
	<input type="checkbox"/> Worker's Compensation <input type="checkbox"/> 207C <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>		Give facts under "Remarks"
	<input type="checkbox"/> Return from Leave of Absence Worker's Comp <input type="checkbox"/> 207C <input type="checkbox"/> FMLA <input type="checkbox"/>		Give facts under "Remarks"
	<input type="checkbox"/> Transfer		Give reason under Remarks
	<input type="checkbox"/> Passed Probation	Effective Date _____	Give reason under Remarks
	<input type="checkbox"/> Reassignment		Give reason under Remarks
	<input type="checkbox"/> Demotion <input type="checkbox"/> Suspension <input type="checkbox"/>		Give reason under Remarks
	<input type="checkbox"/> Change in Classification	Effective Date _____	Give date of Civil Service classification action
	<input type="checkbox"/> New Position		Submit Resolution
	<input type="checkbox"/> Change in Salary Raise <input type="checkbox"/> Longevity <input type="checkbox"/>		Indicate new salary \$ _____
	<input type="checkbox"/> Change in Name <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/>		Give facts under Remarks
	<input type="checkbox"/> Other changes:		Give facts under Remarks

REMARKS: (Continue on back if necessary):

Signature, Appointing Officer: _____
Title _____
Address _____

CERTIFICATE valid until _____ (Date)	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: _____
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