

MSD 426-A	Report all personnel changes on this form Send TWO COPIES prior to payroll affected by this change. SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE	Month	Day	DATE Year
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To: Cortland County Personnel/Civil Service From: _____ City of Cortland (City/County/Town/Village or School/Housing Authority/ Soil & Water) (Name only one) Youth Bureau _____ Department _____ _____ NAME AND TITLE OF LAST EMPLOYEE IN POSITION (USE ONLY FOR REPLACEMENT) IF NEW POSITION, NOTE BELOW	_____ Name of Employee _____ Address C.S. Title of Position _____ Salary _____ <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman _____ Date of Birth _____ Social Security Number _____ Retirement Reg. Number _____
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	Check Nature of Personnel Change	DATE EFFECTIVE	Action Necessary by Appointing Officer
APPOINTMENT	<input type="checkbox"/> Contingent Permanent		Return Certificate of Eligibles
	<input type="checkbox"/> Permanent		Return Certificate of Eligibles
	<input type="checkbox"/> Provisional		Attach Applications (MSD 330)
	<input type="checkbox"/> Temporary	From _____ To _____	State length of employment/ attach Application
	<input type="checkbox"/> Substitute	From _____ To _____	Give facts under Remarks
	<input type="checkbox"/> For Term of Office	From _____ To _____	Give facts under Remarks
	<input type="checkbox"/> Permanent Promotion		Return Certificate of Eligibles
	<input type="checkbox"/> Provisional Promotion		Attach nomination
	<input type="checkbox"/> Non-Competitive Class		Attach Application (MSD 330)
	<input type="checkbox"/> Exempt Class		Attach Application (MSD 330)
TERMINATIONS	<input type="checkbox"/> Resignation		Submit signed resignation
	<input type="checkbox"/> Retirement		Give effective date/ attach letter
	<input type="checkbox"/> Deceased		Give effective date
	<input type="checkbox"/> Removal		Attach copy of proceedings
	<input type="checkbox"/> Lay-off (Lack of Work or Funds)		Give facts under Remarks
OTHER CHANGES	<input type="checkbox"/> Military Leave of Absence		Attach Military Orders
	<input type="checkbox"/> Other Leave of Absence	From _____ To _____	Give reason under Remarks
	<input type="checkbox"/> Transfer		Give reason under Remarks
	<input type="checkbox"/> Reassignment		Give reason under Remarks
	<input type="checkbox"/> Demotion		Give reason under Remarks
	<input type="checkbox"/> Suspension		Give reason under Remarks
	<input type="checkbox"/> Reinstatement		Give reason under Remarks
	<input type="checkbox"/> Change in Classification		Give date of Civil Service classification action
	<input type="checkbox"/> New Position		Submit Resolution
	<input type="checkbox"/> Change in Salary		Indicate new salary
	<input type="checkbox"/> Change in Name		Give facts under Remarks
	<input type="checkbox"/> Change of Address		Give facts under Remarks
<input type="checkbox"/> Other		Give facts under Remarks	

REMARKS: (Continue on back if necessary): 	Signature, Appointing Officer _____ Title _____ Director _____ Address _____ 35 Port Watson St. _____
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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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