

MASS CHANGE WORKSHEET

CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES

3 N. Erie St. - Gerace Office Building Mayville, NY 14757-1007 Phone 716-753-4237 Fax 716-753-4686 cchr-municipal@chqqov.com

This Worksheet may be used for reporting MASS Salary, Seasonal Recall, Termination and hour changes **ONLY**

Typed Name & Checked "APPROVED" box indicates signature of approval

DO NOT USE THIS FORM FOR NEW HIRES. For all newly hired employees, please send a Report of Personnel Change Form and an Application. Please sign and date the certification section on the bottom of the page.

AGENCY NAME:	EFFECTIVE DATE OF CHANGE: (mm/dd/yy)						
Employee Name (last name first)	Civil Service Title	Seasonal Recall Date	Pay Rate	Hours	Termination Date	Termination Reason	CIVIL SERVICE ONLY
SIGNATURE OF APPOINTING AUTHORITY/D	ESIGNEE AFFIRMING THE ABOVE	STATEMENT IS TR	RUE & ACC	URATE:			

APPROVED

DATE:

(mm(dd/yy)

NAME & TITLE: