1	<u> </u>					
	2010 - L	PORT OF PERS ersonnel Change Form for Ci Please include an <u>app</u>	ities, Schools, Specia	I Districts, Towns and Villages	CHAUTAUQUA COUN DEPARTMENT OF HUMAN RESOURC 3 North Erie St., Mayville, NY 14757-1 cchr-municipal@chqgov.c	
					ange and <b>attach an <u>application</u>(s)</b> as use the <u>MASS</u> Change Worksheet.	
1) AGEN	CY NAME:					
2) EMPLOYEE INFORMATION: (This section <i>MUST</i> be completed for all types of CHANGES/TRANSACTIONS)						
Name:				Social Security Numbe	r:	
Address:				Date of Birth: (mm/dd/yyyy)		
City:		State:	Zip:	Phone Number/Email:	(optional)	
3) EFFECTIVE DATE OF CHANGE/APPOINTMENT: (mm/dd/yyyy)						
4) APPO	INTMENT: (Chan	ges to an Employee's position	/title is considered a n	ew appointment. An <u>Application</u> is	required for verification of qualifications)	
Job Title:	Job Title: <u>SELECT</u> Type of Appointment Below					
Previous	Title		_	PERMANENT		
Pay Rate				COMPETITIVE Enter Exam	# Certification #	
		D. 11 OI		PROVISIONAL (Prior Approv	val is Required)	
Pay Cycl		Bi-weekly Other		SUBSTITUTE (On Call/As N	eeded)	
Average Hours Per Week:				TEMPORARY/SEASONAL-Enter Ending Date		
Retirement Number: ELECTED OFFICIAL (No Application Needed)						
5) PAY R	ATE CHANGE:	NEW RATE \$		ENTER REASON		
6) NAME	CHANGE: (Enter F	PREVIOUS name)				
7) HOUR	S CHANGE: (Ente	r Average Hours Per Week)	NEW HOURS	ENTER RE	ASON	
8) LEAVE	OF ABSENCE:	(Paid & Unpaid)	END DATE (mm/d	d/yyyy)		
	inistrative Order	Medical Non-Occupationa		Workers Comp/Section 71 CSL	Other	
9) SUSPI	ENSION: (Please in	dicate reason in remarks)	END DATE (mm/d	d/yyyy)		
-	TATEMENT FRO		RETURN DATE (		PAY RATE \$	
	inistrative Order	Medical Non-Occupationa		Workers Comp/Section 71 CSL	Other	
		ndicate reason in remarks)	Resignatio		Temporary/Seasonal	
12) REMA	l of Term	Removal	Deceased	Layoff (Prior	Civil Service Approval Required)	
13) SIGNA	TURE OF APPC	INTING AUTHORITY/	DESIGNEE AFFI	RMING THE ABOVE STATE	EMENT IS TRUE & ACCURATE:	
Name &		yped Name & Checked appr	roved box indicates s	ignature of approval	Approved Date: (mm/dd/yy	
14) CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES: The below signature certifies that the above employment transaction is made						
	to current laws and rι ns/Notes:	Iles. Certification is subject to	exception(s) noted & t	erminates upon separation or change	in status of the employee.	
Appli	cation Approved/On-	file License/Cert	tificate Approved/On-	file Probationary Period: S	tart Date: End Date:	
CS Statu	S:	CS Action:		sition IN:	OUT:	
Seniority	Date:	CS Seniority Date	<b>:</b> :	Jurisdictional Class:	Provisional: OC Prom	
For the <b>Dir</b>	ector of Human	Resources:		Date:	Certified Thru:	