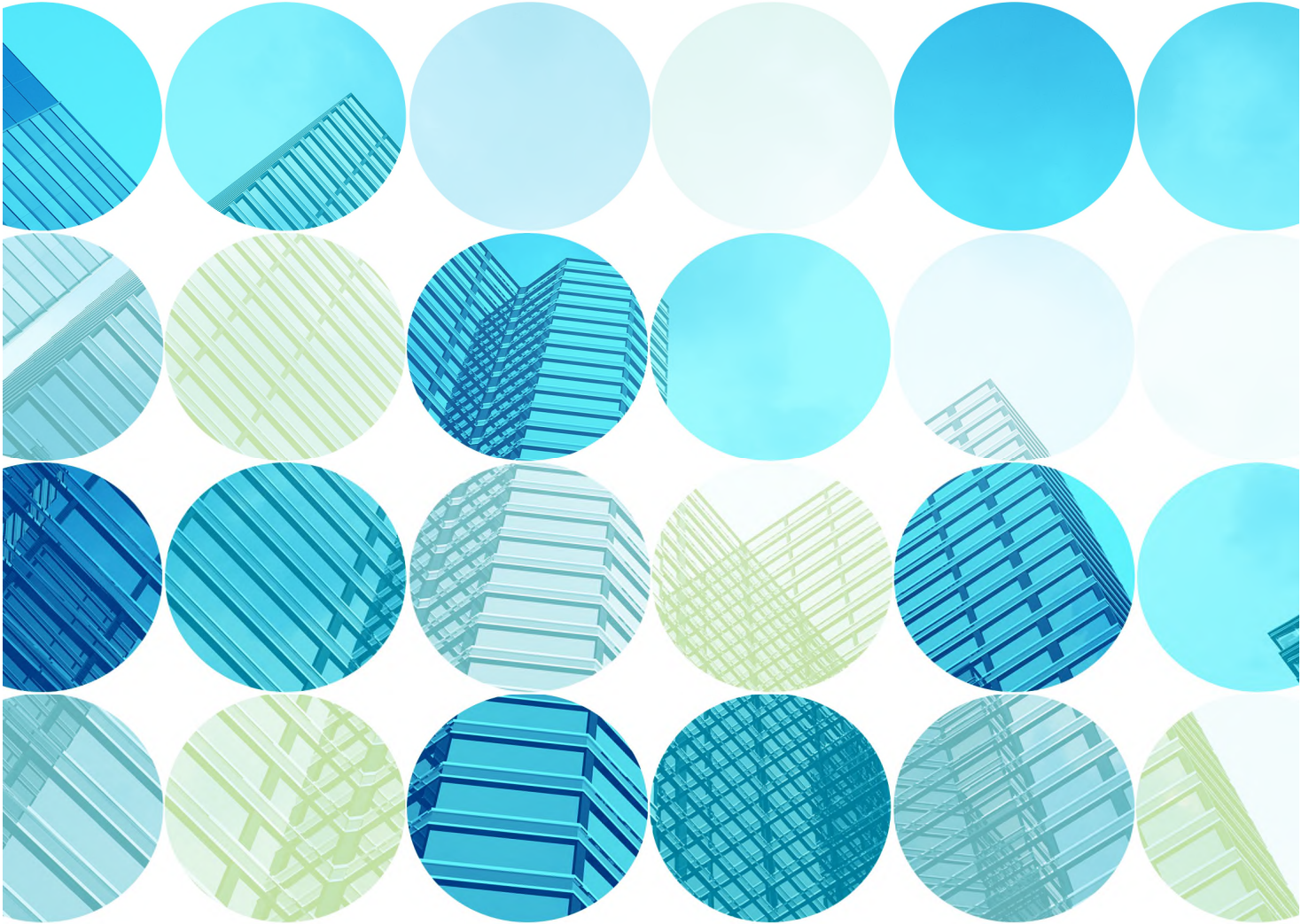


# Appointing Authorities Civil Service Manual



## 2021



**Chautauqua County**  
**Department of Human Resources**  
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Mayville, NY 14757

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## **INTRODUCTION**

**The New York State Constitution and New York State Civil Service Law mandate that public employees must be hired for jobs on the basis of merit and fitness. In practical terms, “merit and fitness” means finding people who are best suited to perform a particular job. Civil Service jobs can be divided into two areas: positions that require participants to compete in an examination, and positions that do not require competitive examination. In all cases Equal Opportunity Employment practices are enforced**

Chautauqua County Department of Human Resources oversees the hiring processes for all Chautauqua County Government departments and agencies, as well as its towns, villages, school districts, special districts, City of Dunkirk, City of Jamestown, and BOCES Second Supervisory District, Erie-Chautauqua-Cattaraugus counties.

***The purpose of this manual is to introduce you to various aspects of Civil Service and related laws, rules and procedures as they impact many of your statutory duties and responsibilities. This manual is not intended to be a substitute for sound knowledge of the law, rules and procedures necessary to manage the details of merit system administration.***

As necessary, you will be referred to specific sections of law, rules or manuals for clarification or to obtain more in-depth information. As you read through this manual, you will note unfamiliar terms, the meaning of which is significant for proper administration of Civil Service Law and Rules. You should refer to the Glossary of Municipal Civil Service Terms, found at the end of this manual.

The Chautauqua County Department of Human Resources webpage has the Chautauqua County Civil Service Rules, forms, informational memos, manuals, examination announcements and job openings: <https://chqgov.com/314/Human-Resources>.

Our staff is available to answer your questions and assist you through the hiring process. Please visit us at [cchr-municipal@chqgov.com](mailto:cchr-municipal@chqgov.com)

## APPOINTMENTS

- 1. Permanent** – Permanent appointments in the competitive class are made from the most appropriate eligible list(s) established as a result of competitive examinations. Permanent appointments are also made to non-competitive, exempt, and labor classes. Permanent appointments are subject to probationary periods. A permanent appointment cannot be terminated, interrupted or discontinued except in accordance with the laws, rules and regulations governing the classified service.
- 2. Contingent-Permanent** – Contingent-permanent appointment is a competitive class appointment made from an eligible list to a position which is permanently encumbered by another employee. Although the contingent-permanent appointee serves a probationary period in the same manner as a permanent employee, full permanency cannot be gained until the position becomes unencumbered. A detailed definition is in our Civil Service Rules under Rule XV, Section 5.
- 3. Provisional** – In the event a vacancy occurs in the competitive class for which no appropriate eligible list exists, the position may be filled by a qualified applicant on a provisional basis. The provisional employee must compete in a civil service examination and be reachable when an eligible list is established.
- 4. Temporary** – Temporary appointments are made to either replace an employee who is on a leave of absence, to fill a position established for a short duration, to replace a person while they are serving probation in another position or, in some circumstances, to fill a position vacated by an employee who accepts a provisional appointment. Approval is required for any extension to a temporary appointment. Civil Service Law Section 64 outlines guidelines for all temporary appointments.

### Competitive class positions are subject to the following durations:

- 3 months or less - can be made **without regard** to existing eligible lists.
- 3 to 6 months - selection must be made from an appropriate eligible list without regard to ranking on the eligible list.
- 6 to 12 months - selection must be made **with regard to ranking** from a Certified Eligible List issued by our office showing those available for selection from the appropriate eligible list.

### Non-Competitive & Labor class are subject to the following duration:

- 12 months or less

- 5. Part-time** - This definition is used by Civil Service solely for the purpose of jurisdictional classification of positions, where a position is other than competitive when part-time but competitive when filled on more than a part-time basis. Part-time is defined by Civil Service as employment or combination of one or more employments in a civil division in which an individual works fifty percent or less of the time prescribed as the standard work week by the governing body or other appropriate authority of the civil division.

## **JURISDICTIONAL CLASSIFICATION**

***Jurisdictional classification determines what rights a position will have under the New York State Law. Positions may have discipline, layoff, transfer and other rights under Civil Service Law.***

The following jurisdictional classifications are in the classified service. A candidate must complete an application form so that the qualifications can be reviewed and approved. Noncompetitive, labor and competitive class titles have position descriptions, which outline the minimum qualifications.

***Please contact our office for current position descriptions or if you have any questions on the classification of a position.***

**Exempt** – Positions for which competitive or non-competitive examinations or other qualification requirements are not practicable. A listing of exempt class titles appears in Appendix A of the Civil Service Rules for Chautauqua County.

**Labor** – A position may be filled by the appointment of any person selected by the appointing officer of the agency where a vacancy exists. A candidate must complete an application form for appointments in the labor class. A listing of labor class titles appears in Appendix C of the Civil Service Rules for Chautauqua County.

**Non-Competitive** – The Human Resource Director establishes minimum qualifications. Before an appointment can be approved, a candidate must complete a Chautauqua County Employment Application form so that the qualifications can be reviewed. The appointing authority will submit the Application to our office for approval. A listing of noncompetitive class titles appears in Appendix B of the Civil Service Rules for Chautauqua County.

**Competitive** – Positions that require a Civil Service Examination and appointment from an appropriate eligible list. If the title is not listed in the appendix of our Civil Service Rules, then the classification of the position is competitive. Some titles change jurisdictional classification depending on their status (part-time or full-time). For example, a part-time Clerk II is listed in our rules as noncompetitive class, and a full-time Clerk II is competitive class. When a title is listed in the appendices as part-time (PT) that title becomes competitive when classified as full-time.

**Unclassified** - The civil service shall be divided into the classified and unclassified service. Section 35 of Civil Service Law defines the unclassified service and shall comprise some of the following: offices filled by election, members, officers and employees of boards of elections and persons employed as members of the teaching and supervisory staff of a school district, board of cooperative educational services or county vocational education and extension board, as certified to the state commission by the commissioner of education.

## POSITIONS

**EXISTING POSITIONS** - Each employee in your agency is hired in a specific Civil Service title. We can provide you with a roster showing the Civil Service titles we have for your active employees.

**CREATING POSITIONS** - To create a new position, you must complete a New Position Duties Statement (NPDS). On the NPDS, you must describe in detail all the duties of the position and the percentage of time spent on each duty. The Human Resource Director will classify and title the position and return the form for your approval. The position is created and assigned a position control number when the original is approved by the appointing authority and returned. The legal basis for this is found in Section 22 of Civil Service Law and states the following:

*“Before any new position in the service of a civil division shall be created or any existing position in such service shall be reclassified, the proposal therefor, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such existing position reclassified only with the title approved and certified by the commission.”*

It is ***not*** necessary for us to keep track of the position status as either part-time or full-time, for positions that do not change jurisdictional class. Example: Cleaner is Labor Class whether part-time or full-time.

**Civil divisions may also need to obtain Committee and/or Board approval before creating positions. *This is done after the position has been classified and titled by the Chautauqua County Department of Human Resources.***

**MONITORING HOURS** - Hours must be monitored for part-time employees working in one or more titles that are in the noncompetitive class. The hours could change the classification of the position to competitive when the employee is working greater than 50 percent of normal work hours within a municipality. It is your responsibility to ensure that these employees do not work beyond the allowable hours.

**VACANT POSITIONS** - Positions in your agency that become vacant remain in our records. The position duties may change over time and the position may need to be reclassified or the job specification updated.

**REVIEW OF ESTABLISHED EXEMPT CLASS POSITIONS** - When a vacancy occurs in the exempt class, the Human Resource Department must evaluate the position and determine if it is still properly classified. Before an agency rehires, a New Position Duties Statement (NPDS) form must be completed.

**RECLASSIFICATION OF EXISTING POSITION** - A New Position Duties Statement (NPDS) can be completed by an *appointing authority* or a Job Class Questionnaire by the *employee* if either party thinks they are working out of title. If the duties of a position change, the position will be reclassified.

## FILLING POSITIONS

**MINIMUM QUALIFICATIONS** - When filling an existing vacancy, review the job specification. If you would like to have the job specification revised, email us a new position duties statement to [cchr-municipal@chggov.com](mailto:cchr-municipal@chggov.com) with any changes in the duties and/or minimum qualifications and the reason for your request.

### 1. **Other than Competitive-class titles**

You should request and **review applications for minimum qualifications and special requirements**. Send applications of candidates that you are interested in hiring to our office for review and approval ***prior*** to appointment.

***If you appoint a candidate that is determined to be not qualified for a position, you will have to rescind the appointment.***

**It is your agency's responsibility to ensure that licenses and/or certificates required for an appointment remain current.**

### 2. **Competitive-class titles**

- a) If you want to fill a competitive-class position, check with us to see if there is an active eligible list (including a preferred list or a promotional list for your agency). If a list exists and the position exists on your roster, you will need to submit an Eligible List Certification Order Form.
- b) If no list exists for the title you are trying to fill, you can accept applications for a provisional appointment.
- c) Transfer or Reinstatement: When an agency recruits for a permanent competitive-class position you may be contacted by individuals that are interested in a transfer or reinstatement. If an agency is entertaining the idea of a transfer or reinstatement, please contact our office before an offer is made. For further guidance, refer to Civil Service Rules XVI and XVII.
- d) If you are interested in pursuing a transfer or reinstatement, the Human Resource Department must approve the transfer ***prior*** to appointment. Please submit the Transfer Request CCP450 Form. The form has sections for both the candidate and appointing agency to fill out.
- e) New York State Civil Service Law, Section 55a, and Chautauqua County provides opportunity for disabled applicants to be appointed on a non-competitive basis to certain entry-level competitive-class titles.

**PROBATIONARY PERIODS** - Except as otherwise provided in Civil Service Rule XIII, every permanent appointment from an open-competitive list and every permanent appointment to a position in the non-competitive, exempt or labor class shall serve a probationary term of not less than eight (8) and no more than fifty-two (52) weeks. The minimum and maximum lengths of probationary periods differ for promotions, trainee positions, Police Officers, Deputy Sheriffs, and other titles specifically outlined in Civil Service Rule XIII. Employees who are provisional or temporary do not serve probationary periods.

**RESIDENCY** - Our General Statement is the following: Preference in appointment may be given to successful candidates who are legal residents of Chautauqua County, or to legal residents of the town, village, city and school district or special district in which an appointment is to be made. Please refer to Section 23-4A for Certification of Residency. Please refer to our examination announcements for any special residency requirements.

**APPLICATIONS** -The Application for Examination and/or Employment is to be used for ALL appointments and is available on our website: Please review the candidate's application for accuracy and completeness and make sure the candidate has signed and attached any documentation required to prove they meet the minimum qualifications listed on the job description for the position for which they are applying. If rehiring someone, consult with Human Resources for guidance. If you are not sure which form to use, contact our office for assistance.

**REPORT OF PERSONNEL CHANGE FORMS (RPC)** - In order for us to maintain accurate official employee rosters for the purpose of payroll certification and retirement tracking, appointing officers must report personnel actions/changes as they occur on a Report of Personnel Change Form (RPC).

Civil Service Rule XX outlines the types of actions appointing authorities must report to our office. *Some of the most common actions are:*

- Appointments
- Terminations
- Resignations
- Retirements
- Leaves with or without pay
- Salary changes
- Hours changes
- Promotions
- Demotions

Retirement membership is mandatory for permanent and contingent-permanent full-time employees and the retirement number will need to be indicated on the RPC.

**The Report of Personnel Change Form (RPC)** - is divided into 14 sections. **Section 1** of the form must be fully completed with Employer's name. **Section 2** Employee's name, address, Social Security Number (existing employee use only the last four digits), Date of Birth, Phone Number/Email. **Section 3** *Effective Date of Change or Appointment*. **Sections 4 through 11** will need to be filled out to describe the type of actions being taken by the appointing authority. **Section 12** of the form, allows the appointing authority to add remarks explaining the type of action being reported. **Section 13** must be signed by the appointing authority or designee in order to have the transaction certified by our office. **Section 14** is used by Chautauqua County Department of Human Resources.

**Signature Authorization** - Appointing authorities may give written authorization for employees to sign on their behalf. We can issue you an authorization form for your use. The Report of Personnel Change Form is available on our website.

***If you need further guidance on how to complete this form or on what should be reported, please contact our office.***



## **EXAMINATIONS**

Examinations are offered in anticipation of a vacancy or at the time of a provisional appointment. The Chautauqua County Department of Human Resources will order the examination through the New York State Civil Service. The exam will be held on the State's examination schedule and may only offer examinations on a yearly or bi-yearly basis. Current examination announcements are posted on our website.

### **TYPES**

- 1) Open-Competitive Examinations** are open to anyone who meets the minimum qualifications.
- 2) Promotional Examinations** are offered to existing employees in an agency who meet the promotional qualifications.
- 3) Non-Competitive Promotional Examinations** are given for only one candidate. To qualify for a Non-Competitive Promotional Examination there can be no more than three qualified eligible candidates in the department/agency promotional fields.
- 4) Continuous Recruitment Examinations** are those for which we accept applications at any time. There is no specified closing date and the examination date is scheduled by our office on a bi-annual basis.

**RESULTS** - After scores are received for examinations, eligible lists are established. Candidates are notified about their scores via mail.

**ELIGIBLE LIST** - Names of passing candidates are placed on an eligible list that is established for one year and may be extended up to a maximum of four years. An eligible list may expire, or become exhausted, prior to the four-year period.

Eligible lists for Continuous Recruitment Examinations are established for one year. The scores for these examinations, regardless of examination date, are interfiled with existing candidates' scores to form a constantly changing eligible list.

Promotional eligible lists must be exhausted prior to using an open-competitive eligible list. When filling a competitive-class position, complete an Eligible List Certification Order form and send it to our office. This form can be found on our website <https://chqgov.com> under Forms & Applications.

**CERTIFICATION OF ELIGIBLES** - After we receive your request, we issue a Certification of Eligible List. Our office will add these notes pertaining to the appointment in an email at the time the Certification is issued.

### **APPOINTMENTS MUST BE WITHIN THE DATES LIST ON THE CERTIFICATION**

Please contact us immediately if you find fewer than 3 candidates interested in the position. Pursuant to Civil Service Law, the appointing officer of an agency must provide notice of non-selection to all persons on an eligible list who are certified and considered for appointment but not selected. Notice must be in writing by the appointing officer whenever another candidate is selected. The law does not require a reason for non-selection. The candidates required to receive the non-selection notice will be those within the top three list ranking who have indicated interest in the position by response to the canvass.

Please contact our office with any questions during the hiring process.

## **INSTRUCTIONS FOR THE CERTIFICATION OF ELIGIBLE CANDIDATES**

- 1) The certification is valid for 30 days only. It may be extended for an additional 30 days with our approval.
- 2) Any declination of your offer of employment must be in writing and must be returned with this certification.
- 3) Appointment of a person who has been granted and uses his/her veteran or disabled veteran credits will require completion of Form VC-5. Form VC-5 is on our website if any candidates on the list have veteran's credits.
- 4) Appointment of a person who wishes to relinquish his veteran or disabled veteran credits will require completion of Form VC-5.
- 5) "Result of Canvass/Interview/Offer" column should be completed to indicate one of the following:
  - a) Permanent appointment (includes start date and probationary period)
  - b) Temporary appointment (includes start date)
  - c) Declined appointment (attach copy of correspondence or other supporting document)
  - d) No reply to letter of canvass
- 6) Certification requires signature by the Appointing Authority.

Return the signed original of the certification form and make a copy for your records.

If "**No Action Taken**" you still need to return the *original* Certification of Eligible List, signed, dated, and marked with "No Action Taken" along with any declinations and canvass letters, faxes, and emails.

If you have a provisional appointee in your agency that scores in the top three, we will immediately issue a certification so you can make a permanent appointment.

**DECLINATIONS** - Candidates listed on the certification that decline an interview or offer of employment must submit their response in writing via email or fax. If it is a verbal declination, document the date on the certification form in results column. If you receive declinations which result in fewer than three interested candidates, you need to contact our office for more information on how to proceed.

**NON-SELECTION LETTER** - It is your responsibility to send written notification of non-selection to candidates. We send you a copy of a non-selection notification letter each time we issue a certification.

**CHECKLIST** – Listed on the next page is an Eligible List Certification Checklist which describes "Who is Reachable"? , how to complete a certification and all required forms to complete a certification.



# ELIGIBLE LIST CERTIFICATION CHECKLIST

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
[cchr-municipal@chq.gov](mailto:cchr-municipal@chq.gov)

Eligible List Title: \_\_\_\_\_ Certification Number: \_\_\_\_\_ Due Date: \_\_\_\_\_

ACTION TAKEN:  YES  NO IF YES, CANDIDATES NAME: \_\_\_\_\_

## 2) WHO IS REACHABLE?

- 1. Rosalie 100 INTERESTED
- 2. Edward 95 INTERESTED
- 3. Emmet 90 DECLINED SALARY
- 4. Carlisle 85 DECLINED LOCATION
- 5. Bella 85 INTERESTED
- 6. Jacob 85 NO REPLY
- 7. Bart 85 NO REPLY

- 1. Ashton 90 INTERESTED
- 2. Jennifer 90 INTERESTED
- 3. Clark 85 DECLINED
- 4. Monica 85 INTERESTED
- 5. Ross 85 INTERESTED
- 6. Phoebe 85 INTERESTED
- 7. Joey 85 NO REPLY

## 3) RESULT OF CANVASS/INTERVIEW/OFFER

- INTERESTED/INTERVIEWED
- DECLINED LOCATION
- DECLINED SALARY
- OTHER

## 4) INSTRUCTION FOR THE CERTIFICATION OF ELIGIBLE CANDIDATES:

- Any declination of your offer of employment must be in writing
- Hire date must be within the certification period
- The rate of pay must be within the pay range indicated on the certification
- Veteran's credits Form VC-5 for candidate who wishes to relinquish or use toward exam score

## 5) PLEASE RETURN THE COMPLETED FORMS

- CANVASS LETTERS
- CERTIFICATION COMPLETED AND SIGNED BY APPOINTING AUTHORITY
- DECLINATION LETTERS/EMAILs
- NON-SELECTION LETTERS SENT TO INTERESTED/INTERVIEWED CANDIDATES
- IF THERE ARE LESS THAN 3 INTERESTED INDICATE "SEEKING PROVISIONAL" OR "NO ACTION TAKEN"
- RPC MUST BE COMPLETED WITH CERTIFICATION INFORMATION

**Please note the following:**  
If the certification results in less than 3 interested,  
Please contact us for pre-approval before appointing a  
Provisional or Temporary applicant.

## **PAYROLL CERTIFICATION**

Civil Service Law §100 requires that payrolls for certification be received from each civil division annually. Rule XXI of the Chautauqua County Rules for the Classified Civil Service outlines the payroll certification. The Chautauqua County Human Resource Director will request a payroll to certify yearly on the below schedule. For employees paid by voucher, the voucher must be submitted for certification.

- **Towns - the first full payroll in March.**
- **Villages - the first full payroll in August.**
- **School Districts - the first full payroll in October.**
- **All other agencies - the first pay period in January.**

The following information must be on your payroll and/or voucher and must agree with the information we have on file:

- **Full name of employee**
- **Civil Service title**
- **Salary (hourly or yearly - the rate reported to us)**
- **Hour worked**
- **Retirement number**

***AFFIRMATION STATEMENT*** – *The bottom of the worksheet needs to indicate the payroll period's total and be signed by the appointing authority.*

**CHECKLIST** – Listed on page 12 is a Payroll Certification Checklist which describes how to complete a certification and all required forms.

## **TEMPORARY AND WITHHELD CERTIFICATION**

Civil Service Law §101 outlines the penalties for refusal and Civil Service Rule XXI outlines the Chautauqua County Human Resource Directors authority when certifying the payroll. If the Human Resource Director requires further information in order to make a final determination, a temporary certification may be made for discrepancies on a payroll.

The appointing authority must submit any requested information to resolve the discrepancies noted and submit a new payroll for certification.

If the information is not forthcoming during the temporary certification, formal exception(s) will be taken on the payroll item(s). When exception(s) are taken and certification is withheld, the disbursing or fiscal officer cannot legally pay the employee(s) in question. Following is a summary of Civil Service Laws 100-102 pertaining to payroll certification:

**In accordance with Section 100 of Civil Service Law:**

“Except as otherwise provided in this section, no disbursing or auditing officer of the state or of any civil division thereof shall approve or pay or take any part in approving or paying any salary or compensation for personal service to any person holding an office or position in the classified service unless the voucher or payroll therefore bears the certificate of the civil service department or municipal commission having jurisdiction that the persons named therein are employed in their respective positions in accordance with law and rules made pursuant to law...”

**In accordance with Section 101 of Civil Service Law:**

“Any officer who shall willfully pay or authorize the payment of salary or compensation to any person in the classified service with knowledge that the state civil service department or appropriate municipal civil service commission has refused to certify the payroll, estimate or account of such person, or after due notice from such department or commission that such person has been appointed, employed, transferred, assigned to perform duties or reinstated in violation of any of the provisions of this chapter or the rules established there under, shall be guilty of a misdemeanor.”

**In accordance with Section 102 of Civil Service Law:**

“Any sums paid contrary to the provisions of Section 100 of this chapter may be recovered from any officer by whom the person or persons receiving the same were appointed in violation of the provisions of law and of the rules made in pursuance of law, or any officer signing or countersigning or authorizing the signing or countersigning of any warrant for the payment of the same...”



# Payroll Certification Checklist

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
cchr-municipal@chq.gov

- 1) **PAYROLL REQUEST LETTER:** \_\_\_\_\_  
**RECEIVED:** \_\_\_\_\_  
**PAYROLL DUE DATE:** \_\_\_\_\_



## 2) PAYROLL WORKSHEET

**Check for accuracy of the following:**

- ✓ NAME
- ✓ OFFICIAL CIVIL SERVICE TITLE
- ✓ SALARY or HOURLY RATES
- ✓ YTD SALARY
- ✓ RETIREMENT SYSTEM NUMBER

CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES  
 SERVICE CENTER BUILDING, TWENTY-ONE STREET  
 MAYVILLE, NY 14752-0001  
 Phone: 716-753-4687 Fax: 716-753-4688  
 Internet: www.chautauq.gov HR: 6/2008 2018-2019

**2019 Worksheet For: Parks High School**  
 Use this worksheet to report retirement numbers, raise pay rate changes and raise terminations of employees. For each terminated employee please indicate the last day of employment and the reason for termination in the space provided. Please sign and date the certification on the bottom of the page.

Employee Name	Position Number	Job Title	Pos. Type	Retirement #	Current Pay Rate	Rate Class	Pay Rate as of 6/1/19	Reason for Termination	Last Date of Employment
ANDRZEJCZAK, PAMELA S	20890	TRUCKER-TRUCK	Fulltime	058875	11.75	ACDM			
BATES, WENDY	20920	SCHOOL ASSISTANT	Parttime	819112	\$11.00	LABA			
BURKH, JUDITH	20864	ALLIANCE LEADER	Parttime	054100	\$13.00	ACDM			
BURKH, JUDITH	20864	OPERATIONS ASSISTANT	Fulltime	0521402	\$13.00	CCAP			
LETON, ANDREW	20893	HAZARDOUS WASTE MANAGER	Fulltime	0521402	\$23.00	ACDM			
CHANDLER, FREDERICK	20840	ADMINISTRATIVE ASSISTANT	Fulltime	04611402	\$17.00	ACDM			
MCNEEL, MICHAEL	20792	CLERK	Fulltime	0119102	\$13.00	CCAP			
MCNEEL, MICHAEL	20794	ACCOUNTANT	Fulltime	0122204	\$23.00	CCAP			
SPRINGFIELD, ANDREW	20833	UTILITY WORKER	Fulltime	0587213	\$14.25	ACDM			

3) **WHAT IF MY PAYROLL REPORT DOESN'T MATCH THE PAYROLL WORKSHEET?**  
 IF YOU ARE MISSING EMPLOYEES, YOU WOULD HAVE TO SUBMIT APPLICATIONS AND REPORT OF PERSONNEL CHANGE FORMS

**WHAT IF AN EMPLOYEE(S) WORKS IN A DIFFERENT POSITION/TITLE?**

SUBMIT AN UPDATED APPLICATION FOR APPROVAL AND A REPORT OF PERSONNEL CHANGE FORM

**APPLICATION CHECKLIST: EEE'S Education, Employment & Experience**

**PERSONAL INFORMATION**

**EDUCATION & EMPLOYMENT (INCLUDE AVERAGE HOURS WORKED)**

**EXPERIENCE (JOB RESPONSIBILITIES FOR QUALIFICATION)**

**APPLICANT SIGNATURE**

## 4) AFFIRMATION BY APPOINTING AUTHORITY

- DATES OF PAYROLL PERIOD
- TOTAL PAYROLL AMOUNT
- SIGNATURE OF APPOINTING AUTHORITY
- DATE AND TITLE

Employee Name	Position Number	Job Title	Pos. Type	Retirement #	Current Pay Rate	Rate Class	Pay Rate as of 6/1/19	Reason for Termination	Last Date of Employment
Certification of Appointing Authority I hereby certify that the persons named in the attached payroll are employed solely in and have actually performed the proper duties of positions and employments indicated, and that the persons described herein as laborers are employed on ordinary unskilled labor only, that said payroll for the payroll period of _____ is approved at \$ _____ and is certified for payment from appropriations authorized, and that the persons named herein, except those appointed and employed as laborers, have taken and filed Constitutional Oath in accordance with the provisions of Chapter 574, Laws of 1917. Appointing Officer: _____ Title: _____ Date: _____ <i>(Typed name indicates signature of approver)</i>									

## 5) DID I ENCLOSE THE FOLLOWING?

- 1) PAYROLL WORKSHEET (SALARY CHANGES, RETIREMENT NUMBER, TERMINATION REASON & DATES)
- 2) PAYROLL ACTUAL REPORT WITH CERTIFICATION OF APPOINTING AUTHORITY
- 3) RPC'S AND APPLICATIONS FOR CHANGES INCLUDING LEAVE OF ABSENCES

✉ : [CCHR-MUNICIPAL@CHQ.GOV](mailto:CCHR-MUNICIPAL@CHQ.GOV)  
 📍 : 3 N. ERIE ST, MAYVILLE, NY 14747  
 ☎ : 716-753-4686

## **DISCIPLINARY PROCEDURES**

If the conduct or performance of a probationer is not satisfactory, his/her employment may be terminated at any time after the completion of the minimum period of 8 weeks of service, and on or before completion of the maximum period of service. The supervisor is responsible, during the probationary term, to advise the probationer of his/her status and progress. Refer to Civil Service Rule XIII for procedures to follow regarding probationary terms. Check with us before terminating an employee to be sure all proper procedures have been followed. The termination of an employee must be reported to us on a Report of Personnel Change Form with an explanation of the termination procedures in the Remarks Section.

Section 75 of New York State Civil Service Law outlines which employees have rights and what procedures to follow when suspending, removing or disciplining employees. Agencies should work closely with their attorneys.

## **LAYOFF PROCEDURES**

**When there is a potential layoff situation for competitive class employees, contact us immediately. A letter indicating the specific titles affected by the layoff and the effective date of layoff is required. The abolition of positions does not necessarily mean the termination from employment of the incumbents of those particular positions.**

We will provide civil divisions with a Civil Service Seniority Roster Report. The civil division must notify the employees affected by the layoff. Employees that are affected by the layoff must be reported to us on a Report of Personnel Change Form.

When the above process has been completed and we have received notification, we establish appropriate preferred list(s). Competitive-class employees who are laid off will be placed on preferred lists for a four-year period. An appropriate preferred list certification is issued for filling a vacancy before any other eligible list.

Civil Service Rule XXV and New York State Civil Service Laws 80 and 81 outlines the procedures to follow when there is a layoff in a competitive-class title.

## **GLOSSARY OF MUNICIPAL CIVIL SERVICE TERMS**

**APPOINTING AUTHORITY** - an officer, commission or body having the power to select applicants for employment.

**CERTIFICATION** - a select list of those candidates on an eligible list who have indicated an interest in a particular position in a particular location.

**CERTIFICATION OF PAYROLL** - Section 100 of the Civil Service Law requires the civil service agency to certify that all persons in the classified service receiving compensation for personal service are employed in accordance with the law and rules; individuals may not be paid without such certification.

**CIVIL SERVICE COMMISSION (Local)** - established by law and consisting of three\* Commissioners appointed to 6-year terms, one of whom is designated as the President of the Commission and serves as Chair at the appointing authority's pleasure. (The President also serves as the head of the municipal civil service agency.) \*Except Monroe County and City of Rochester, which have five Commissioners.

**PERSONNEL OFFICER (Local)** - The personnel officer of a county shall be appointed by the board of supervisors or, in a county having a county executive, by the county executive with the advice and consent of the county legislature. The term of office of a personnel officer shall be six years. A personnel officer shall have all the powers and duties of a municipal civil service commission.

These Commissioners are appointed as follows:

1. Counties - by the legislative body except in those counties with a County Executive, in which event, appointment is made by the County Executive with the advice and consent of the legislative body;
2. Suburban towns - by the legislative body;
3. Cities - by the Mayor, City Manager or other authority having the general power of appointment of city officers and employees;
4. Regional - by written agreement duly approved by the governing board or body or each County or City participating;

**CIVIL SERVICE COMMISSION (State)** - established by law and consisting of three Commissioners appointed by the Governor and confirmed by the State Senate for 6-year terms, one of whom is designated as President of the Commission and serves as President at the Governor's pleasure. (The President also serves as the head of the Department of Civil Service.)

**CLASS OR CLASS OF POSITIONS** - one or more positions sufficiently similar in respect to duties and responsibilities that the same title may be used to designate each position in the class, which are allocated to the same salary or grade, with the same qualifications required and the same examination used to select eligible employees.

**CLASS SPECIFICATION** - a written description of a title or class of positions which includes information on the duties and responsibilities of incumbents, minimum qualifications for appointment and other distinguishing features.



**CLASSIFIED SERVICE** - all offices and positions in the civil service, exclusive of the military service, not included in the unclassified service; divided into four jurisdictional classes; competitive, non-competitive, labor and exempt.

**CLASSIFY** - to group positions according to their duties and responsibilities and assign a class title.

**COLLATERAL LINE** - titles which are not in a direct line to a promotion title but which are sufficiently comparable in duties and salary grades that incumbents may be allowed to compete in the promotion examination.

**COMPETITIVE CLASS** - the jurisdictional class comprised of positions for which it is practicable to determine the merit and fitness of applicants by examinations which rank them against each other. All jobs in the classified service are competitive unless designated or approved otherwise by the State Civil Service Commission (see Jurisdictional Classification).

**CONTINUOUS RECRUITMENT** - a type of examination for which applicants are accepted continuously. The test itself is administered periodically; successful candidates are added to the list for a specified period of time in rank order without regard to the date of the addition of their names to the eligible list.

**DECENTRALIZED EXAMINATION** - a competitive examination for which all or part of the development, administration and scoring has been decentralized to the municipal civil service agency that will make use of the resulting eligible list.

**DEMOTION** - the voluntary or involuntary placement or appointment of an employee to a position allocated at a lower salary grade.

**DEPARTMENT OF CIVIL SERVICE** - New York State's primary personnel management agency, responsible for the development and maintenance of statewide agency personnel systems; the classification and allocation of State positions; and the recruitment and selection of candidates for State employment. The head of the Department is the President of the Civil Service Commission.

**DEPARTMENTAL PROMOTION EXAMINATION** - a promotion examination opens only to employees of the department in which the positions to be filled exist.

**DEPUTY** - officer authorized by law to act generally for and in place of his/her principal.

**DESK AUDIT** - a review and discussion of the duties and responsibilities of a position made at the employee's desk or other regular place of work. (Usually done in connection with a classification survey or decision)

**DIRECT LINE OF PROMOTION** - positions are considered to be in direct line of promotion if they are in competitive class titles, in a career series, in a lower salary grade and the title has the same generic root: such as Clerk, Senior Clerk, Principal Clerk and Head Clerk.

**ELIGIBLE LIST** - a list from which candidates for a competitive class position, ranked in order of their respective final examination ratings, may be appointed.

**EXAMINATION** - a formal selection process which includes minimum qualifications, assessment measures, employment interviews and probationary periods; used to evaluate the qualifications and suitability of candidates for public employment. An examination for a competitive class position ranks candidates against one another. An examination for a noncompetitive class position is based on the assessment of a candidate's education and experience as compared to the established minimum qualifications.

**EXAMINATION ANNOUNCEMENT** - a document issued to inform potential applicants of an upcoming examination; the announcement contains but is not limited to the following information: the number and title of the examination, the date of the examination, filing information (including the last date applications will be accepted), minimum qualifications, type and scope of test(s), salary or salary grade, and a duties description; it may also contain vacancy information.

**EXEMPT CLASS** - one of the four jurisdictional classes in the classified service; those offices and positions in the civil service of State or civil service divisions thereof, defined by Section 41 of the Civil Service Law and listed in the Municipal Civil Service Rules Appendices.

**EXEMPT VOLUNTEER FIREFIGHTER** - a bona fide member of a volunteer fire department who served in said department for five years and is so certified to be an exempt volunteer firefighter in accordance with Section 200 of the General Municipal Law. Exempt volunteer firefighters may have additional but limited rights in the event of abolition of their position and protection against arbitrary dismissal.

**INTER-DEPARTMENTAL PROMOTION** - a promotion from a position in one department to a position in another department in the same civil division.

**JOB DESCRIPTION** - a detailed written summary of the duties and responsibilities of an individual job.

**JURISDICTIONAL CLASSIFICATION** - designation by the Civil Service Commission of positions in the classified service in either the non-competitive, labor or exempt class; positions not so designated by the Commission are in the competitive class. Positions in the exempt, non-competitive or labor classes must be specifically named in the rules, subject to the approval of the State Civil Service Commission.

**LABOR CLASS** - the jurisdictional class comprised of unskilled or manual labor positions for which there are no minimum qualifications established; applicants may be required to demonstrate their ability to do the job, or to qualify in such tests of their fitness for employment as may be determined practicable.

**MERIT AND FITNESS** - phrase summarizing the requirement in the State Constitution that appointments and promotions shall be made according to merit and fitness to be ascertained, as far as practicable, by competitive examination; Civil Service is, hence, called a "merit system."

**MINIMUM QUALIFICATIONS** - education and/or experience requirements denoting the minimum standards that all candidates are required to possess for examination or appointment.

**NON-COMPETITIVE CLASS (NC)** - one of the four jurisdictional classes of the classified service. The Civil Service Commission may designate a position non-competitive (with the approval of the State Civil Service Commission) upon determining that a competitive examination is impracticable for filling the job. However, non-competitive class positions must be filled through examination or by appointment of candidates who meet the established minimum qualifications for the position. Such an examination may be similar to a competitive examination except that successful candidates are not ranked by score.

**NON-COMPETITIVE PROMOTION (NCP)** - an examination administered when the number of employees qualified for and interested in promotion does not exceed the number of vacancies by more than two; the employee(s) may be nominated by the appointing authority, and, if successful on an appropriate examination, receive permanent appointment.

**OPEN-COMPETITIVE EXAMINATION** - an examination open to all individuals who possess the announced minimum qualifications.

**OUT-OF-TITLE WORK** - duties performed by an incumbent of a position which are not appropriate to the class to which the position has been assigned. Refer to Section 61.2 of the Civil Service Law.

**PERMANENT APPOINTMENT** - an appointment made to a position in accordance with applicable laws, rules and regulations; a permanent appointment may provide rights and privileges, such as due process prior to dismissal; eligibility for promotion examinations, transfers, and future reinstatement and certain protections in the event of abolition of positions.

**PERMANENT SERVICE** - generally, the date of the incumbent's original appointment on a permanent basis in the classified service; used for purposes of computing retention rights in the event of layoff. (For disabled veterans the date is 60 months earlier than the actual date; for non-disabled veterans the date is 30 months earlier than the actual date.)

**POLICY INFLUENCING (Non-Competitive Class)** - positions in the non-competitive class whose duties are of a confidential nature or require the performance of functions influencing policy; positions are designated as policy influencing by the municipal civil service commission or personnel officer; employees in positions so designated are denied tenure by statute and are not afforded the protections provided to other non-competitive class employees (Section 42(2-a) of the Civil Service Law).

**POSITION** - an assigned group of duties and responsibilities which can be performed by one person; commonly known as a "job," a position may be occupied or vacant; see municipal rules for definition.

**PREFERRED LIST** - an eligible list established as a result of a reduction in force, or where otherwise provided by law, which consists of the names of displaced employees ranked by seniority; a preferred list must be used before any other means of filling a position (except certain special military lists); the top acceptor on a preferred list must be appointed or the position left vacant ("Rule of One"). See Sections 80 and 81 of the Civil Service Law and the municipal civil service rules for procedures and legal prescriptions.

**PROBATIONARY TERM** - the period of time, commencing upon a permanent appointment, during which an employee's performance on the job is assessed; the final step in the selection process.

**PROMOTION** - generally, in the competitive class, an appointment from a promotion eligible list to a higher level position; in the non-competitive class, the appointment of an employee to a higher-grade position without competitive examination.

**PROMOTION EXAMINATION** - an examination for a higher level position open only to permanent employees who are currently serving in or who have served in qualifying titles for periods of time specified in the minimum qualifications.

**PROVISIONAL APPOINTMENT** - a non-permanent appointment to a competitive class position which may be made when there is no appropriate or mandatory eligible list. See Section 65 of the Civil Service Law and refer to the municipal civil service rules for limitations on provisional appointments.

**"RULE OF THREE"** - refers to the statutory provision that appointments must be made from among the three highest eligible on an open-competitive or promotion eligible list who are willing to accept the position. (See also Section 61, Civil Service Law)

**UNCLASSIFIED SERVICE** - all offices and positions in the civil service of the State and its civil divisions which are not in the classified service; unclassified service positions include, for example, all elective offices, officers and employees of the State/municipal Legislature, members of the teaching and supervisory staff of a school district and certain positions in the State University of New York.

## **HELPFUL WEBSITES**

Chautauqua County Forms.....	<a href="https://chqgov.com/human-resources/FORMS-APPLICATIONS">https://chqgov.com/human-resources/FORMS-APPLICATIONS</a>
Laws of New York.....	<a href="http://public.leginfo.state.ny.us/navigate.cgi">http://public.leginfo.state.ny.us/navigate.cgi</a>
NYS Department of Education.....	<a href="http://www.nysed.gov/">http://www.nysed.gov/</a>
NYS Department of Civil Service.....	<a href="https://www.cs.ny.gov/">https://www.cs.ny.gov/</a>
NYS Department of Health.....	<a href="https://www.health.ny.gov/">https://www.health.ny.gov/</a>
NYS Department of Labor.....	<a href="https://dol.ny.gov/">https://dol.ny.gov/</a>
NYS Department of Taxation & Finance forms.....	<a href="https://www.tax.ny.gov/forms/">https://www.tax.ny.gov/forms/</a>
NYS Professions-Online Verifications.....	<a href="http://www.op.nysed.gov/opsearches.htm">http://www.op.nysed.gov/opsearches.htm</a>
NYS Conference of Mayors.....	<a href="https://nycom.org/">https://nycom.org/</a>
NYS Association of City & Village Clerks.....	<a href="https://www.nysclerks.com/nysacvc%20index.html">https://www.nysclerks.com/nysacvc%20index.html</a>
Records Retention Schedule.....	<a href="http://www.archives.nysed.gov/records/retention-scheduling-and-appraisal">http://www.archives.nysed.gov/records/retention-scheduling-and-appraisal</a>
Red Cross Digital Certificates.....	<a href="https://www.redcross.org/take-a-class/digital-certificate">https://www.redcross.org/take-a-class/digital-certificate</a>

**ALPHABETICAL LISTING OF ATTACHED FORMS**

Certification Order Form .....

Chautauqua County Civil Service Application .....

Exempt Position Evaluation Questionnaire Form .....

Job Class Questionnaire.....

Mass Change Worksheet .....

New Position Duties Statement .....

Non-Selection Form Letter.....

Payroll Certification Oath .....

Report of Personnel Change Form & Samples.....

- 1) Type of Appointment
  - a) Competitive Appointment (Appointed from a certified list)
  - b) Permanent Appointment (No defined employment end date)
  - c) Job Title Change (Updated application required)
  - d) Provisional (prior approval from Chautauqua County Department of Human Resources required)
  - e) Seasonal (Appointment to a position that has intermittent work periods throughout the year)
  - f) Temporary (Appointment to a position to fill short-lived gaps in the workplace)
- 2) Pay Rate Change
- 3) Leave of Absence-Reinstatement
- 4) Termination



# ELIGIBLE LIST CERTIFICATION REQUEST

The Personnel Officer shall determine the eligible list most nearly appropriate for the position to be filled. Certification will be valid for 30 days only. It may be extended for an additional 30 days with prior approval.

**CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES**  
3 North Erie St., Mayville, NY 14757-1007  
716 753- 4237 or 716 753-4682  
cchr-municipal@chggov.com

**Before completing this form check with our office about availability of OPEN POSITION(S) and CURRENT ELIGIBLE LIST**

1) **DATE OF REQUEST:** (mm/dd/yyyy) \_\_\_\_\_

2) **AGENCY NAME:** \_\_\_\_\_

3) **VACANCY LOCATION:** \_\_\_\_\_

Building/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4) **VACANCY INFORMATION:** (If this is a new position, please attach a New Position Duties Statement)

Civil Service Position/Title Name: \_\_\_\_\_

Last Employee Holding Position/Title: \_\_\_\_\_

Number of Vacancies: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Pay Rate/Range \_\_\_\_\_ to \_\_\_\_\_ *All Appointments From This Certification Have to be Within This Pay Range*

Type of Vacancy:  Full-time- For How Many Months? \_\_\_\_\_  Part-time - For How Many Months? \_\_\_\_\_

Temporary **3 to 6 Months**  Temporary **Over 6 Months**

5) **TYPE OF CERTIFICATION REQUESTED:** Agencies may be bound to a *Resident List, Preferred List or Promotional List*

RESIDENT LIST  OR FULL LIST  Canvass Letters ? YES  NO

**Please Provide the Following for REPLY Options on Canvass Letters:**

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

6) **NAME & TITLE OF APPOINTING AUTHORITY OR DESIGNEE:** \_\_\_\_\_

Date: \_\_\_\_\_

7) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES ONLY:**

PROVISIONAL SERVING?  YES  NO Is Pay Rate Lower than Provisional Start Rate? YES  NO

AVAILABILITY: *Is There a Valid Eligible List?*  YES  NO IF YES, Enter Expiration Date \_\_\_\_\_

Agency bound to a Preferred List or Resident List?  YES  NO Open Roster Position Number(s) \_\_\_\_\_

**TYPE OF ELIGIBLE LIST CERTIFIED:**

PREFERRED  YES  NO RESIDENT LIST  YES  NO PROMOTIONAL  YES  NO

OPEN COMPETITIVE  YES  NO *Eligible List Certified Through Rank of* \_\_\_\_\_

**CERTIFICATION DATA ENTRY:** Eligible List Title \_\_\_\_\_

Certification No: C20 \_\_\_\_\_ - \_\_\_\_\_ Eligible List Number # \_\_\_\_\_ Date of Certification/Canvass Letter \_\_\_\_\_

Certification Return Date \_\_\_\_\_ Canvass Return Date \_\_\_\_\_

**CERTIFICATION TRACKING:**

Date Certification Extended \_\_\_\_\_ Date Certification Received \_\_\_\_\_ Was Action Taken  YES  NO

Is Agency Able to Seek a Provisional Candidate?  YES  NO Candidate Name \_\_\_\_\_

Canvass Letters Re-Canvass?  YES  NO Letters Return Date \_\_\_\_\_

NOTES:

Canvass Results Entered in DB  Application Tracking Updated  RPC Received



# CHAUTAUQUA COUNTY APPLICATION FOR EMPLOYMENT AND EXAMINATION

COMPLETED AND SIGNED APPLICATION MUST BE PRINTED AND MAILED OR DELIVERED TO:  
Human Resources, 3 N. Erie Street, Room 144, Gerace Office Building, Mayville, NY 14757-1007  
Phone (716) 753-4237 • Website [www.chqgov.com](http://www.chqgov.com)

Carefully read the appropriate announcement before completing this form. Answer all questions with complete and detailed information. An incomplete application may result in disqualification. This application is used for employment within Chautauqua County Civil Service and may be part of your examination. All statements are subject to verification. If you need assistance or reasonable accommodation in the application process, please contact our office. **Faxed or emailed applications are not accepted.**

It is the policy of the Chautauqua County Human Resources Department to provide for and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.

## 1. APPLICANT INFORMATION (Please Type or Print Legibly)

Exact Job or Examination Title:		Exam Number (number listed on announcement)	
Last Name:	First Name:	MI:	Social Security Number:
Mailing Address: (Street) (City) (State) (Zip Code)			
Daytime Phone Number:	Other Phone Number:	Email Address:	
Please provide any other assumed name(s) or nickname(s) relevant to enable a check on your work record:			
Are you <u>under</u> the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No, if <u>YES</u> , enter your date of birth: <small>mm/dd/yyyy</small>			

## 2. RESIDENCY/CITIZENSHIP: State your permanent legal residence and indicate how long you have continuously resided at the location up to the date of this application. IMPORTANT: This section may determine your residency for employment.

School District:	City/Village:	Town of:
County of:	State:	Resided for how long? Years:            Months:
Residence Address: ( <b>ONLY</b> , if different from your mailing)		

Are you a United States Citizen?  Yes  No    Are you legally authorized to work in the United States?  Yes  No  
**Employment is contingent upon the provision of proof of the right to accept employment in the United States.**

## 3. DRIVER'S LICENSE (ALL applicants must complete this section)

Do you have a valid New York State Driver's License?  Yes  No    Do you have one from any other State?  Yes  No

If you have a valid Driver's License, please provide the following Information:

State:      Class:      ID:                      Endorsements:                      Restrictions:

Do you have 5 or more years of Driving experience?  Yes  No

Have you been convicted of any motor vehicle violations (including speeding tickets) in the past five years?  Yes  No

If YES, please explain:

## 4. UNIFORMED APPLICANTS ONLY (Examples - Correction Officer, Court Security, Deputy Sheriff, Firefighter, and Police Officer)

Have you completed the Basic Police Officer Training or Sheriff's Academy?  Yes  No (If YES, please list the school under section 5)

Do you have a valid New York State Pistol Permit?  Yes  No      DATE OF BIRTH: mm/dd/yyyy

Have you ever been convicted of any crime (felony or misdemeanor)?  Yes  No



**5. EDUCATION** – Positions and examinations may require specific course work. On an attached sheet, list the courses that you have completed. If you claim credit for a partially completed college curriculum attach a list of completed courses and credit or semester hours. Indicate how many credit hours or courses are required for graduation. Do NOT send a transcript unless requested on the examination announcement.

Do you have a High School or Equivalency Diploma?  Yes  No If No, indicate highest grade completed: \_\_\_\_\_

Name of High School or Issuing Governmental Authority: \_\_\_\_\_

Name and Location of College, University, or Technical Schools	Course of Study (Major/Minor)	Credits Completed	Degree/Certificate Received	Degree/Certificate Received/Completed or Expected mm/yyyy

**Complete the following question if you possess a license, certificate or other authorization to practice a trade or profession. If not currently licensed, check this box**

**Examples of Trade Licenses and/or Certificates:** Peace Officer, Registered Professional Nurse, Licensed Practical Nurse, Certified Occupational Therapy Assistant, Wastewater or Water Treatment Plant Operator, Emergency Medical Technician (EMT), CPR, Automated External Defibrillator (AED) and First Aid.

Professional or Trade Licenses	License Number	Specialty	City or State Issued by	Registered mm/dd/yyyy
		Granted By		From:  To:

**6. GENERAL INFORMATION FOR APPLICANTS**

**Change of Address** - You are responsible to notify this office of address changes. A change of address form is available from our website, [www.co.chautauqua.ny.us](http://www.co.chautauqua.ny.us) (click on "Employment"), or our Mayville office. Failure to do so may delay, or prevent, our ability to send you important notices concerning an examination. We cannot make allowances for notices to candidates not received on a timely basis due to an improper or changed address.

**Background Investigation** - Applicants may be required to undergo a state and/or national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

**How did you hear about this job?**

- Posted Notice   
  County Website   
  College/School   
  Community Organization  
 Internet Website \_\_\_\_\_   
  NYS Employment Office  
 Newspaper \_\_\_\_\_   
  Other \_\_\_\_\_

**7. EMPLOYMENT AND EXPERIENCE:** We will not refer to resumes or other applications on file. You are responsible for submitting an accurate, complete and clear description of your experience. If your responsibilities change within any employer, indicate such change as separate experience. Include part-time, volunteer and military experience, which may be prorated. *If more space is needed, attach an additional copy of this page.*

<i>(Start With Most Recent)</i>	
<b>EMPLOYER:</b>	Type of Business:
Address:	Dates Employed: From <small>MO YR</small> / / To <small>MO YR</small> / /
Supervisor's Name:	Total <b><u>Average</u></b> Hours Per Week
Position Title:	<b>Check the Box if Your Responsibilities Included:</b> Supervision of Employees <input type="checkbox"/> Typing/Data <input type="checkbox"/>
<b>List Responsibilities:</b>	
Reason for Seeking Other Employment/Leaving: <span style="float: right;">May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

<b>EMPLOYER:</b>	Type of Business:
Address:	Dates Employed: From <small>MO YR</small> / / To <small>MO YR</small> / /
Supervisor's Name:	Total <b><u>Average</u></b> Hours Per Week
Position Title:	<b>Check the Box if Your Responsibilities Included:</b> Supervision of Employees <input type="checkbox"/> Typing/Data <input type="checkbox"/>
<b>List Responsibilities:</b>	
Reason for Leaving: <span style="float: right;">May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

<b>EMPLOYER:</b>	Type of Business:
Address:	Dates Employed: From <small>MO YR</small> / / To <small>MO YR</small> / /
Supervisor's Name:	Total <b><u>Average</u></b> Hours Per Week
Position Title:	<b>Check the Box if Your Responsibilities Included:</b> Supervision of Employees <input type="checkbox"/> Typing/Data <input type="checkbox"/>
<b>List Responsibilities:</b>	
Reason for Leaving: <span style="float: right;">May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

**8. EXAMINATION APPLICANTS ONLY:** (If **NOT** applying for an EXAM **SKIP** to section 9)

**MULTIPLE EXAMS** – Have you applied to take an examination with New York State, or any **other** County, Town, or City that will be held on the same date?  **Yes**  **No**. If **YES**, please attach a Cross-file Application Form located on our website under Forms and Applications or call our office to have one mailed to you.

**EXAMINATION APPLICATION FEE/WAIVER** – *Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."*

**NO**, I do not wish to apply for an **EXAMINATION FEE WAIVER**. Fee amount can be found on Examination Announcement **Enclosed** is a Check or Money Order Payable to the **DIRECTOR OF FINANCE**. **CASH** will not be accepted.

**YES**, I wish to apply for an **EXAMINATION FEE WAIVER** for this examination.

**Check all boxes that apply to you:**

- Unemployed **and** primarily responsible for support of a household. **NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household.**
- Eligible for Medicaid
- Receiving Supplemental Security Income (SSI) payments
- Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance)
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

**VETERAN'S CREDITS** – If you are serving, or have served in the armed forces of the United States on a full-time, active duty basis during wartime, you may be eligible to receive credits as a disabled or non-disabled veteran. To determine if you are eligible to claim veteran's credits, ALL of your answers must be "YES" to be eligible to claim veteran's credits.

**Yes**, I wish to apply for **VETERAN'S CREDITS** for this examination. (If **NO** skip to section 9)

Have you served in the Armed Forces of the U.S.A.?  **Yes**  **No** Active service dates mm/yyyy From: \_\_\_\_\_ To: \_\_\_\_\_

I expect to receive or already have received a discharge that was honorable or release under honorable circumstances from the Armed Forces of the United States. The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes.  **Yes**  **No**

I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following time of War periods:  **Yes**  **No**

In the Armed Forces:  
Dec. 7, 1941 to Dec. 31, 1946  
June 27, 1950 to Jan. 31, 1955  
Feb. 28, 1961 to May 7, 1975  
Aug. 2, 1990 to the date when the Persian Gulf hostilities end

Or earned the armed forces, Navy, or Marine Corps expeditionary medal for service in:  
Lebanon – June 1, 1983 to Dec. 1, 1987  
Granada – Oct. 23, 1983 to Nov. 21, 1983  
Panama – Dec. 20, 1989 to Jan. 31, 1990

Or in the U.S. Public Health Service:  
July 29, 1945 to Sept. 2, 1945  
June 26, 1950 to July 3, 1952

I am a United States citizen or an alien lawfully admitted for permanent residence:  **Yes**  **No**

I am a New York State Resident:  **Yes**  **No**

**If you have answered YES to all the questions, please attach a Veterans Credit Application form, which can be found on our website under FORMS & APPLICATIONS tab, along with a copy of your DD214.**

**9. APPLICANT AFFIRMATION – PLEASE READ AND SIGN**

**I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**

EXEMPT POSITION EVALUATION QUESTIONNAIRE

Section 41 (2) of the Civil Service Law states as follows:

No office or position shall be deemed to be in the exempt class unless it is specifically named in such class in the rules. Upon the occurrence of a vacancy in any position in the exempt class, the State or Municipal Civil Service Commission having jurisdiction shall study and evaluate such position, and within four months after the occurrence of such vacancy, shall determine whether such position, as then constituted, is properly classified in the exempt class. Pending such determination, said position shall not be filled, except on a temporary basis.

To: Chautauqua County Human Resources Department, Gerace Office Building, 3 North Erie Street, Mayville, NY 14757.

From: County Department of

Town of \_\_\_\_\_

Village \_\_\_\_\_

School District of \_\_\_\_\_

Special District of \_\_\_\_\_

Title of Position (See other side): \_\_\_\_\_

Name of last Employee in Position: \_\_\_\_\_

I DO HEREBY CERTIFY that the duties of the above-named position in the exempt class have not substantially changed since it was last vacated and evaluated and that said duties are consistent with the specification for the position.

Signature of Appointing Officer \_\_\_\_\_

Date

Title

NOTE: When duties have changed and/or are not consistent with the specifications, and for exempt positions, for which this form is not appropriate as indicated on the other side, complete Form CCP-220 or Folui CCP-221, which should accompany Form CCP-428, Report of Personnel Change, reporting the separation of an employee in an exempt position.

REMARKS:

**EXEMPT POSITION FOR WHICH THIS FORM MAY BE USED**

**All Civil Divisions**

Census Takers (Unlimited)  
Deputy Receiver of Taxes & Assessments

**County Service**

Assistant County Attorneys (3)  
Assistant District Attorneys (2)  
Chaplains (2)  
Chief Information Officer/Dpty. County Exec.  
County Attorney  
Deputy County Clerks (2)  
Deputy County Executive  
First Deputy Director of Finance (1)  
Deputy Director of Planning & Development  
(Development)  
Director of Economic Development  
Director of Emergency Services  
Executive Assistant  
First Assistant Co. Attorneys (3)  
First Assistant Dist. Attorneys (4)  
Ombudsman  
Public Defender  
Second Assistant Co. Attorneys (4)  
Second Assistant Dist. Attorneys (3)  
Secretary to Co, Officer (District Attorney)  
Senior Investigator (District Attorney)  
Special Assistant for Medicaid  
Undersheriff

**All Towns**

Bookkeeper to Supervisor  
Budget Officer  
Deputy Town Clerks (3)  
Deputy Town Highway Superintendent  
Deputy Town Supervisor (1)  
Dog Enumerators (2)  
Town Attorney  
Town Historian (Part-time)  
Dog Control Officer (3)  
Clerk to Justice

**Dunkirk School District**

Secretary to the Superintendent of Schools

**All Towns except Busti, Ellicott,  
Hanover and Pomfret**

Constables (Civil matters only)  
**Towns of Busti, Ellicott & Hanover**

Civil Officers (4)

**All Villages**

Acting Police Justice  
Clerk to Justice  
Deputy Village Clerk  
Deputy Village Clerk & Treasurer  
Deputy Village Treasurer  
Dog Control Officer (3)  
Village Administrator  
Village Attorney  
Village Historian (Part-time)  
Village Treasurer

**Frewsburg Fire District**

Fire District Secretary  
Fire District Treasurer

**All School Districts Including Board of  
Cooperative Educational Services**

Academic and Cultural Coordinator  
Clerk of Board of Cooperative Educational  
Svcs.  
Internal Claims Auditor  
School Attorney  
School District Clerk  
School District Treasurer  
School Tax Collector  
Treasurer of Board of Cooperative  
Educational Services

**City of Dunkirk**

Assistant City Treasurer  
Deputy City Clerk  
Director of Civil Defense  
Director of Planning & Development  
Fiscal Affairs Officer  
Secretary to the Mayor

**Dunkirk Housing Authority**

Executive Director — Dunkirk Housing Auth.



15. Describe your work responsibilities, as you understand them.

16. Who checks or reviews your work and what is the nature of such check?

17. Date: \_\_\_\_\_ 18. Signature: \_\_\_\_\_ \*Certified  
 \*Typed name and checked certification box indicate that the entries to of the above questions are my own answers to the questions, and the best my knowledge and belief are correct and complete answers to to the questions.

**TO BE FILLED IN BY IMMEDIATE SUPERIOR OF EMPLOYEE**

19. Place an X mark opposite that item in each group which will best describe the work of this position:

<p>Simple repetitive routine.          Repetitive, but involves independent decisions in individual cases.          Customarily involves independent decisions on order of tasks and methods used.          Customarily involves independent decisions as to the scope and planning of projects.</p>	
<p>Requires no previous training or specialized education.          Requires some previous training or experience but with NO specialization in the department activity.          Requires some previous training or experience WITH some specialization in the department activity.          Requires thorough training in the trade or profession, but NO specialized experience in the department activity.          Requires thorough training in the trade or profession WITH specialized Experience in the department activity.          Requires administrative ability in the trade or profession with advanced training and experience in the department activity.</p>	<p>Does not involve any planning or supervision of the work of others.          Involves some advisory or "straw-boss" supervision of the work of others. Involves the regular, but routine supervision of the work of others immediate field of activity.          Involves responsibility for the planning and assigning of work activities of considerable variety and importance.</p>
<p>Is under immediate supervision and direction.          In not under immediate supervision, but is performed according to a definitely prescribed practice or procedure.          Is under general supervision and makes decisions on ordinary questions of procedure and order of tasks.          Is subject to administrative approval and is responsible for planning and initiating of products.</p>	<p><b>If the position involves stenography check one of the following:</b> but a qualified stenographer is NOT necessary to fill the position. Involves stenography as the major function of the position.</p> <p><b>Keyboarding:</b>          Does this position require the use of a typewriter or computer keyboard?          Yes No          If you answered yes, please provide the percentage of total daily work time spent on the following 2 unique keyboarding tasks:          a. Uses a keyboard to enter spreadsheets, database fields or other data-collection computer programs. <b>NOTE:</b> This does not include tasks of retrieving or searching for data: %          b. Uses a keyboard to type multi-paragraph correspondence including letters, memos, taped dictation or other text documents: %          Does the keyboarding work require an emphasis on speed more so than accuracy to complete high-volume repetitive data entry?          Yes No</p>

20. How much formal education should be required in case of vacancy? Show by the letter "N" in the appropriate space, the least that you consider should be accepted, and by "D" the amount desirable.

	GRADE SCHOOL OR HIGH SCHOOL												COLLEGE			
Read & Write	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
	Other special or technical courses:															

21. Are the statements of the employee accurate and complete? (Indicate any inaccuracies or incomplete items)

22. Give your idea of the essential nature of the work and responsibilities of the position and the attention of the supervision it requires:

23. Date: \_\_\_\_\_

24. Signature of Approved Immediate Supervisor: \_\_\_\_\_  
 ("approved" box indicate typed name and checked authorization and approval)

**TO BE FILLED IN BY DEPARTMENT HEAD**







# NEW POSITION DUTIES STATEMENT

**CHAUTAUQUA COUNTY**  
**DEPARTMENT OF HUMAN RESOURCES**  
 3 North Erie St. - Gerace Office Building  
 Mayville, NY 14757-1007  
 Phone 716-753-4237 Fax 716-753-4686  
 E-MAIL cchrs@chqgov.com

Section 22 of Civil Service Law authorizes the Personnel Officer of the Chautauqua County Department of Human Resources to assign the classification of position titles for all positions employed by all agencies under its jurisdiction. Agency officials must secure the certification of the Personnel Officer for all new/reclassified positions before the commencement of employment activities.

**DIRECTIONS:** This form is intended to gather a variety of information concerning the duties and organizational role of a new position, or a position that is being evaluated for potential changes. This form should be completed by a person who is authorized by the chief administrative officer of the agency. The person completing the form should be the one who is most familiar with the duties, requirements and organizational placement of the position(s) requested. The form should be completed electronically or by hand and sent to the Chautauqua County Department of Human Resources. The document is preferred to be received electronically via email.

<b>1) AGENCY/COUNTY DEPARTMENT NAME:</b>	<b>2) NUMBER OF POSITIONS:</b>	<b>3) COUNTY ONLY - G/L BUDGET NUMBERS:</b> Fund: Dept No: Sub Dept No: Proj: Sub Proj:
--	--------------------------------	---

**4) HOW IS THE POSITION TO BE STAFFED?** (Select only one)  Permanently (Position without a pre-determined time limit)  
 Temporary for a limited period of \_\_\_\_\_ months  Seasonally for work that occurs each year from \_\_\_\_\_ through \_\_\_\_\_

**5) NUMBER OF HOURS SCHEDULED PER WEEK?** \_\_\_\_\_ If this position has **NO** scheduled hours select one **below:**  
 Works occasionally when additional staff is required  To fill in for permanent staff who are absent on a particular day

**6) ENTER THE NAME & TITLE OF PERSONS SUPERVISING THIS POSITION:**

Immediate Supervisor & Title	
Administrative Supervisor & Title	

**7) WILL THIS POSITION SUPERVISE ANYONE? IF YES, HOW MANY?** \_\_\_\_\_  
*List Employees by Name & Title (If more than 4, list the number of workers for each title rather than names)*


**8) ENTER THE NAMES & TITLES OF OTHER EMPLOYEES DOING SUBSTANTIALLY THE SAME KIND OF WORK:**


**9) ENTER THE MINIMUM QUALIFICATIONS YOU SUGGEST SHOULD BE REQUIRED FOR THIS POSITION:**

**EDUCATION:** (Check the minimum level of achievement below)  
 High School Diploma/HSE/GED  Associates (2 yrs.)  Bachelors (4 yrs.) Other \_\_\_\_\_

**WORK EXPERIENCE:** (List the minimum length of experience desired in addition to the education above)  
 None OR Years \_\_\_\_\_ Months \_\_\_\_\_  
**Describe the type of desired work experience below:**

**DRIVER'S LICENSE:** (List the type of Driver's license & endorsements required to perform the duties below)

**OTHER LICENSES/CERTIFICATIONS:** (List all non-driving licenses/certifications required to perform the duties below)

**LANGUAGE:** (List all languages required to perform the duties below)

**TOOLS & EQUIPMENT:** (List general types, such as office machines & hand tools used to perform the duties below)

**ESSENTIAL KNOWLEDGE, SKILLS & ABILITIES:** (List the MINIMUM knowledge, skills & abilities below)

**10) ENTER A BRIEF SUMMARY OF THE ROLE THIS POSITION WILL PLAY IN YOUR ORGANIZATION:**

**11) DESCRIPTION OF DUTIES & RESPONSIBILITIES:** *Please Read Directions Listed Below & Attach an Organizational Chart.*  
**DIRECTIONS:** Using the spaces provided below, please describe the general set of duties that are to be performed by this position. Group individual tasks logically into several major functions or duties and use a separate line for each major group. List most important or time consuming duties first. **DO NOT USE ACRONYMS OR ABBREVIATIONS.** Begin each duty statement with an action verb and organize duties in a logical manner of duties to be performed. Estimate the percentage of time spent per week on each function. (20%=one day per week, 5%=2 hours per week. Anything less than 5% might be able to be grouped with another function. **PERCENTAGES MUST ADD UP TO 100%.**

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**12) AFFIRMATION SIGNATURE REQUIRED:** The above statements are true and accurate. This document is presented with the knowledge and authorization of the chief administrative officer of my agency. *Typed Name & Checked "APPROVED" box indicates signature of approval* **APPROVE**

Print Name & Title of Person Completing Form	Signature of Appointing Authority or Designee	Date
--	---	------

**13) CHAUTAUQUA COUNTY ONLY - CERTIFICATE OF PERSONNEL OFFICER:** In accordance with the provisions of Civil Service Law, Section 22 the Chautauqua County Department of Human Resources certifies that the appropriate civil service title for the position is described as the following:

Position Title:	Jurisdictional Class:
-----------------	-----------------------

Date Approved	Authorizing Signature & Title
---------------	-------------------------------

Position Number(s)

[Agency Letterhead]

Notices of Non-selection Form Letter

(Date)

(Candidates Name)

(Street Address)

(City, State & Zip)

Dear

This letter is to inform you that another individual has been selected for the position of \_\_\_\_\_ .

Thank you for your interest.

Sincerely

[Name of Agency Appointing Officer]

[Title





# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
cchr-municipal@chqgov.com

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an application(s)** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the MASS Change Worksheet.

1) **AGENCY NAME:** \_\_\_\_\_

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number/Email: (optional) \_\_\_\_\_

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) \_\_\_\_\_

4) **APPOINTMENT:** (Changes to an Employee's position/title is considered a new appointment. An Application is required for verification of qualifications)

Job Title: \_\_\_\_\_ **SELECT Type of Appointment Below**

Previous Title: \_\_\_\_\_  PERMANENT

Pay Rate \$: \_\_\_\_\_  **COMPETITIVE** Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_

Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  PROVISIONAL (Prior Approval is Required)

Average Hours Per Week: \_\_\_\_\_  SUBSTITUTE (On Call/As Needed)

Retirement Number: \_\_\_\_\_  TEMPORARY/SEASONAL-Enter Ending Date \_\_\_\_\_

\_\_\_\_\_  ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) **NAME CHANGE:** (Enter **PREVIOUS** name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_

Administrative Order  Medical Non-Occupational/**Section 73 CSL**  Workers Comp/**Section 71 CSL** Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_

Administrative Order  Medical Non-Occupational/**Section 73 CSL**  Workers Comp/**Section 71 CSL** Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal

End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:** \_\_\_\_\_

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: \_\_\_\_\_  Approved Date: \_\_\_\_\_

Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

**Exceptions/Notes:**

Application *Approved/On-file*  License/Certificate *Approved/On-file* Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_

Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the **Director of Human Resources:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Certified Thru:** \_\_\_\_\_



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages

Please include an application for all new appointments

CHAUTAUQUA COUNTY

DEPARTMENT OF HUMAN RESOURCES

3 North Erie St., Mayville, NY 14757-1007

cchr-municipal@chqgov.com

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and attach an application(s) as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the MASS Change Worksheet.

1) AGENCY NAME: Survivor School

2) EMPLOYEE INFORMATION: (This section MUST be completed for all types of CHANGES/TRANSACTIONS)

Name: Jane Jungle Social Security Number: 123-45-6789  
Address: 123 Smith St Date of Birth: (mm/dd/yyyy) 5/6/2001  
City: Jamestown State: NY Zip: 14701 Phone Number/Email: (optional) 716-801-2323

3) EFFECTIVE DATE OF CHANGE/APPOINTMENT: (mm/dd/yyyy) 7/14/2021

4) APPOINTMENT: (Changes to an Employee's position/title is considered a new appointment. An Application is required for verification of qualifications)

Job Title: Teacher Aide **SELECT Type of Appointment Below**  
Previous Title: \_\_\_\_\_  PERMANENT  
Pay Rate \$: 12.50  COMPETITIVE Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  PROVISIONAL (Prior Approval is Required)  
Average Hours Per Week: 35  SUBSTITUTE (On Call/As Needed)  
Retirement Number: 123456789  TEMPORARY/SEASONAL-Enter Ending Date \_\_\_\_\_  
 ELECTED OFFICIAL (No Application Needed)

5) PAY RATE CHANGE: NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) NAME CHANGE: (Enter PREVIOUS name) \_\_\_\_\_

7) HOURS CHANGE: (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) LEAVE OF ABSENCE: (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL  Other \_\_\_\_\_

9) SUSPENSION: (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) REINSTATEMENT FROM: RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL  Other \_\_\_\_\_

11) TERMINATION: (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) REMARKS: Application Attached

13) SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:

Name & Title: Rose Dawson, Superintendent  Approved Date: 07/05/2021  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES: The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

Exceptions/Notes:

Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_ Certified True:

# SAMPLE-PERMANENT



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
cchr-municipal@chqgov.com

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and attach an application(s) as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the MASS Change Worksheet.

1) **AGENCY NAME:** City of Gotham

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: George Jungle Social Security Number: 123-45-6789  
Address: 123 Smith St Date of Birth: (mm/dd/yyyy) 5/6/2001  
City: New York City State: NY Zip: 10036 Phone Number/Email: (optional) 646-324-5678

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) 7/14/2021

4) **APPOINTMENT:** (Changes to an Employee's position/title is considered a new appointment. An Application is required for verification of qualifications)

Job Title: Firefighter **SELECT Type of Appointment Below**  
Previous Title: \_\_\_\_\_  PERMANENT  
Pay Rate \$: 45,000  **COMPETITIVE** Enter Exam # 63000 Certification # C2021-123  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  PROVISIONAL (Prior Approval is Required)  
Average Hours Per Week: 40  SUBSTITUTE (On Call/As Needed)  
Retirement Number: 123456789  TEMPORARY/SEASONAL—Enter Ending Date \_\_\_\_\_  
 ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) **NAME CHANGE:** (Enter PREVIOUS name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:** Appointed from eligible list 63000

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: Bruce Wayne  **Approved** Date: 07/05/2021  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

**Exceptions/Notes:**

Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For: Director of Human Resources Date: \_\_\_\_\_ Certified True: \_\_\_\_\_

# SAMPLE-COMPETITIVE



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
cdhr-municipal@chgo.gov

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an application(s)** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the MASS Change Worksheet.

1) **AGENCY NAME:** Bedrock City

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: Bamey Rubble Social Security Number: 123-45-6789  
Address: 123 Smith St Date of Birth: (mm/dd/yyyy) 5/6/2001  
City: New York City State: NY Zip: 10036 Phone Number/Email: (optional) 646-324-5678

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) 7/14/2021

4) **APPOINTMENT:** (Changes to an Employee's position/title is considered a new appointment. An Application is required for verification of qualifications)

Job Title: Cleaner II **SELECT Type of Appointment Below**  
Previous Title: Cleaner  PERMANENT  
Pay Rate \$: 16.00  COMPETITIVE Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  PROVISIONAL (Prior Approval is Required)  
Average Hours Per Week: 40  SUBSTITUTE (On Call/As Needed)  
Retirement Number: \_\_\_\_\_  TEMPORARY/SEASONAL - Enter Ending Date \_\_\_\_\_  
 ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) **NAME CHANGE:** (Enter PREVIOUS name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:** Application attached

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: Fred Flintstone  Approved Date: 07/05/2021  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

Exceptions/Notes:

Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the **Director of Human Resources:** \_\_\_\_\_ Date: \_\_\_\_\_ Certified Thru: \_\_\_\_\_





# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
cchr-municipal@chqgov.com

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an application(s)** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the **MASS Change Worksheet**.

1) **AGENCY NAME:** *Gotham School of Technology*

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: *Hannah Barbera* Social Security Number: *123-45-6789*  
Address: *123 Smith St* Date of Birth: (mm/dd/yyyy) *5/6/2001*  
City: *New York City* State: *NY* Zip: *10036* Phone Number/Email: (optional) *646-324-5678*

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) *7/14/2021*

4) **APPOINTMENT:** (Changes to an Employee's position/life is considered a new appointment. An Application is required for verification of qualifications)

Job Title: *School Secretary* **SELECT Type of Appointment Below**  
Previous Title: \_\_\_\_\_  
Pay Rate \$: *18.00*  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  
Average Hours Per Week: *40*  
Retirement Number: *123456789*  
 PERMANENT  
 COMPETITIVE Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
 PROVISIONAL (Prior Approval is Required)  
 SUBSTITUTE (On Call/As Needed)  
 TEMPORARY/SEASONAL—Enter Ending Date \_\_\_\_\_  
 ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) **NAME CHANGE:** (Enter **PREVIOUS** name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:** *Provisional appointment pre-approved-less than 3 interested on certification C2021-500*

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: *Fred Flintstone*  Approved Date: *07/05/2021*  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

Exceptions/Notes:

Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_ Certified Thru: \_\_\_\_\_

# SAMPLE-Provisional



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
chr-municipal@chqgov.com

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and attach an application(s) as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the MASS Change Worksheet.

1) **AGENCY NAME:** Gotham Park

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: Väima Flintone Social Security Number: 123-45-6789  
Address: 123 Smith St Date of Birth: (mm/dd/yyyy) 5/6/2001  
City: New York City State: NY Zip: 10036 Phone Number/Email: (optional) 646-324-5678

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) 7/14/2021

4) **APPOINTMENT:** (Changes to an Employee's position/title is considered a new appointment. An Application is required for verification of qualifications)

Job Title: Recreation Attendant **SELECT Type of Appointment Below**  
Previous Title: \_\_\_\_\_  
Pay Rate \$: 12.50  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  
Average Hours Per Week: 30  
Retirement Number: 123456789

PERMANENT  
 **COMPETITIVE** Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
 PROVISIONAL (Prior Approval is Required)  
 SUBSTITUTE (On Call/As Needed)  
 **TEMPORARY/SEASONAL**—Enter Ending Date 9/14/2021  
 ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) **NAME CHANGE:** (Enter PREVIOUS name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:**

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: Fred Flintstone  **Approved** Date: 07/05/2021  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

Exceptions/Notes:

Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_ Certified Thru \_\_\_\_\_

# SAMPLE-Seasonal



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
cchr-municipal@chqgov.com

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an application(s)** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the MASS Change Worksheet.

1) **AGENCY NAME:** Bedrock City

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: Barney Rubble Social Security Number: 123-45-6789  
Address: 123 Smith St Date of Birth: (mm/dd/yyyy) 5/6/2001  
City: New York City State: NY Zip: 10036 Phone Number/Email: (optional) 646-324-5678

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) 7/14/2021

4) **APPOINTMENT:** (Changes to an Employee's position/title is considered a new appointment. An Application is required for verification of qualifications)

Job Title: Laborer **SELECT Type of Appointment Below**  
Previous Title: \_\_\_\_\_  
Pay Rate \$: 12.50  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  
Average Hours Per Week: 30  
Retirement Number: 123456789  
 PERMANENT  
 COMPETITIVE Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
 PROVISIONAL (Prior Approval is Required)  
 SUBSTITUTE (On Call/As Needed)  
 TEMPORARY/SEASONAL—Enter Ending Date 9/14/2021  
 ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) **NAME CHANGE:** (Enter **PREVIOUS** name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:** \_\_\_\_\_

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: Fred Flintstone  Approved Date: 07/05/2021  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

**Exceptions/Notes:**  
 Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the Director of Human Resources \_\_\_\_\_ Date: \_\_\_\_\_ Certified True: \_\_\_\_\_

**SAMPLE-Temporary**



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
cdr-municipal@chgo.gov

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an application(s)** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the **MASS** Change Worksheet.

1) **AGENCY NAME:** Bedrock City

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: Bamey Rubble Social Security Number: 123-45-6789  
Address: 123 Smith St Date of Birth: (mm/dd/yyyy) 5/6/2001  
City: New York City State: NY Zip: 10036 Phone Number/Email: (opt/na) 646-324-5678

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) 7/14/2021

4) **APPOINTMENT:** (Changes to an Employee's position/title is considered a new appointment. An Application is required for verification of qualifications)

Job Title: Laborer **SELECT Type of Appointment Below**  
Previous Title: \_\_\_\_\_  PERMANENT  
Pay Rate \$: 12.50  COMPETITIVE Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  PROVISIONAL (Prior Approval is Required)  
Average Hours Per Week: 30  SUBSTITUTE (On Call/As Needed)  
Retirement Number: 123456789  TEMPORARY/SEASONAL-Enter Ending Date \_\_\_\_\_  
 ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ 13.50 ENTER REASON 1 year anniversary

6) **NAME CHANGE:** (Enter **PREVIOUS** name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL  Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL  Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:** \_\_\_\_\_

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: Fred Flintstone  Approved Date: 07/05/2021  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

Exceptions/Notes:

Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_ Certified Thru: \_\_\_\_\_

# SAMPLE-Pay Rate Change



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
cdhr-municipal@chogov.com

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an application(s)** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the **MASS** Change Worksheet.

1) **AGENCY NAME:** Bedrock City

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: Bamey Rubble Social Security Number: 123-45-6789  
Address: 123 Smith St Date of Birth: (mm/dd/yyyy) 5/6/2001  
City: New York City State: NY Zip: 10036 Phone Number/Email: (optional) 646-324-5678

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) 7/14/2021

4) **APPOINTMENT:** (Changes to an Employee's position/title is considered a new appointment. An **Application** is required for verification of qualifications)

Job Title: Laborer **SELECT Type of Appointment Below**  
Previous Title: \_\_\_\_\_  
Pay Rate \$: 12.50  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  
Average Hours Per Week: 30  
Retirement Number: 123456789

PERMANENT  
 COMPETITIVE Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
 PROVISIONAL (Prior Approval is Required)  
 SUBSTITUTE (On Call/As Needed)  
 TEMPORARY/SEASONAL-Enter Ending Date \_\_\_\_\_  
 ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) **NAME CHANGE:** (Enter **PREVIOUS** name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) 8/16/2021  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:** \_\_\_\_\_

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: Fred Flintstone  Approved Date: 07/05/2021  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

Exceptions/Notes:

Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_ Certified Thru: \_\_\_\_\_



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages  
Please include an application for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES  
3 North Erie St., Mayville, NY 14757-1007  
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Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an application(s)** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the **MASS** Change Worksheet.

1) **AGENCY NAME:** Bedrock City

2) **EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: Bamey Rubble Social Security Number: 123-45-6789  
Address: 123 Smith St Date of Birth: (mm/dd/yyyy) 5/6/2001  
City: New York City State: NY Zip: 10036 Phone Number/Email: (opt/na) 646-324-5678

3) **EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy) 7/14/2021

4) **APPOINTMENT:** (Changes to an Employee's position/title is considered a new appointment. An **Application** is required for verification of qualifications)

Job Title: Cleaner **SELECT Type of Appointment Below**  
Previous Title: \_\_\_\_\_  PERMANENT  
Pay Rate \$: \_\_\_\_\_  COMPETITIVE Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
Pay Cycle:  Weekly  Bi-weekly  Other \_\_\_\_\_  PROVISIONAL (Prior Approval is Required)  
Average Hours Per Week: \_\_\_\_\_  SUBSTITUTE (On Call/As Needed)  
Retirement Number: \_\_\_\_\_  TEMPORARY/SEASONAL-Enter Ending Date \_\_\_\_\_  
 ELECTED OFFICIAL (No Application Needed)

5) **PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

6) **NAME CHANGE:** (Enter **PREVIOUS** name) \_\_\_\_\_

7) **HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

8) **LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

9) **SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

10) **REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order  Medical Non-Occupational/Section 73 CSL  Workers Comp/Section 71 CSL Other \_\_\_\_\_

11) **TERMINATION:** (Please indicate reason in remarks)  Resignation  Retirement  Temporary/Seasonal  
 End of Term  Removal  Deceased  Layoff (Prior Civil Service Approval Required)

12) **REMARKS:**

13) **SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:**

Name & Title: Fred Flintstone  Approved Date: 07/05/2021  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

14) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

Exceptions/Notes:

Application Approved/On-file  License/Certificate Approved/On-file Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional: OC  Prom

For the **Director of Human Resources:** \_\_\_\_\_ Date: \_\_\_\_\_ Certified Thru: \_\_\_\_\_

