LAUX MSD 426-A (7/1/72)	Report all personnel changes on this form. Send TWO COPIES prior to payroll affected by this change. **SUPPLEMENTAL PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE**	DATE _____

TO: **Orleans County Civil Service Commission**
14016 Route 31 W Albion NY 14411

FROM:

_____
Department

_____
Name & Title of Last Employee in Position

_____
Name of Employee

_____
Address

_____
Title of Position

_____
Salary

Veteran ☐ Non-Veteran ☐
Disabled Veteran ☐ Exempt Volunteer Fireman ☐

_____
Date of Birth Social Security Number

	Check nature of Personnel Change	Date Effective	Action necessary by Appointing Officer
APPOINTMENTS	☐ Permanent		Return report of certification
	☐ Provisional		Attach application (MSD 330)
	☐ Temporary	From to	State length of employment
	☐ Substitute	From to	Give facts under Remarks
	☐ For Term of Office	From to	Give facts under Remarks
	☐ Permanent Promotion		Return report of certification
	☐ Provisional Promotion		Attach nomination
	☐ Non-Competitive Class		Attach application (MSD 330)
	☐ Exempt Class		Submit this form only
	☐ Labor Class		Attach application (MSD 330)
TERMINATIONS	☐ Resignation		Submit Signed Resignation
	☐ Retirement		Give Effective Date
	☐ Deceased		Indicate Date
	☐ Removal		Attach copy of proceedings
	☐ Lay-Off (Lack of Work or Funds)		Give facts under Remarks
OTHER CHANGES	☐ Military leave of absence		Give facts under Remarks
	☐ Other leave of absence	From to	Give facts under Remarks
	☐ Transfer		Give facts under Remarks
	☐ Demotion		Give facts under Remarks
	☐ Suspension		Give facts under Remarks
	☐ Reinstatement		Give facts under Remarks
	☐ Change in Classification		Give facts under Remarks
	☐ New Position		Submit Form MSD 222
	☐ Change in Salary		Indicate New Salary
	☐ Change in Name and/or Address		Give facts under Remarks
	☐ Other		Give facts under Remarks

REMARKS: (Continue on back if necessary)

Appointing Officer:

Title:
Address:

CERTIFICATE
valid until

_____
(Date)

This certifies that the above employment in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.

By: _____

Date: _____