

## SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE

Report all personnel changes on this form prior to payroll affected by this change.  
County Departments send original plus three copies; other organizations send original plus one copy.

Mail to:

Tompkins County Personnel  
125 East Court Street  
Ithaca, NY 14850

FROM:	Dept:		
Town, Village, School Dist, TC3, Library, or County Dept. (County Depts: Include Dept Number)		<b>NAME OF EMPLOYEE</b>	
	\$		
JOB TITLE	HOURLY RATE	ADDRESS	
Employee Previously In Position		Birth Date	Social Security Number
<b>CHECK NATURE OF PERSONNEL CHANGE</b>		<b>DATE EFFECTIVE</b>	
		ACTION NECESSARY BY APPOINTING OFFICER	
A	<input type="checkbox"/> Permanent (competitive class only)		Return Certification of Eligibles
P	<input type="checkbox"/> Provisional		
P	<input type="checkbox"/> Temporary	From                      To	State length of employment
T	<input type="checkbox"/> Substitute		Give facts under remarks
S	<input type="checkbox"/> Non-Competitive Class		
	<input type="checkbox"/> Exempt Class		Submit this form only
	<input type="checkbox"/> Labor Class		
T	<input type="checkbox"/> Resignation		Attach Signed Resignation
E	<input type="checkbox"/> Retirement		Give Last Date of Work
R	<input type="checkbox"/> Deceased		Give Last Date of Work
M	<input type="checkbox"/> Removal		Attach copy of proceedings
S	<input type="checkbox"/> Lay-off (Lack of Work or Funds)		Give facts under Remarks
	<input type="checkbox"/> Temporary or Seasonal		Give Last Date of Work
O	<input type="checkbox"/> Leave of absence	From                      To	Give facts under Remarks
T	<input type="checkbox"/> Transfer		Give facts under Remarks
H	<input type="checkbox"/> Demotion		Give facts under Remarks
E	<input type="checkbox"/> Suspension		Give facts under Remarks
R	<input type="checkbox"/> Reinstatement		Give facts under Remarks
	<input type="checkbox"/> Change in Classification		Give facts under Remarks
	<input type="checkbox"/> Change in salary		Indicate New Salary
	<input type="checkbox"/> Change in name and/or address		Give facts under Remarks
	<input type="checkbox"/> Other		Give facts under Remarks
REMARKS: (Continue on back if necessary)		Signature of Appointing Officer: _____  Title: _____  Date: _____	
<b>Tompkins County CERTIFICATE</b> valid until  _____	This certifies that the above Employment is in accordance with Law and Rules made in pursuance to Law. Subject to any limitation or condition specified above.	By:  Date:	
(Date)			