

RENSSELAER COUNTY CIVIL SERVICE COMMISSION

EFFECTIVE DATE	REPORT ALL PERSONNEL CHANGES ON THIS FORM, SEND THREE COPIES PRIOR TO PAYROLL AFFECTED BY THIS CHANGE	PAY PERIOD ENDING DATE
	REPORT OF PERSONNEL CHANGE	

NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ TOWN _____ AGENCY _____	SOCIAL SECURITY NO. _____ EMPLOYEE NO. _____ RETIREMENT NO. _____ <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Non-Disabled Veteran <input type="checkbox"/> Exempt Volunteer Fireman
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TITLE OF POSITION	Vacancy #	Position #	Hourly Rate	Annual Rate	Bi-Weekly Hours	Fringe Code	Grade
NAME OF LAST INCUMBENT							
DEPARTMENT _____ DEPARTMENT CODE _____ COST CENTER _____ PAY CYCLE _____	APPOINTMENTS				ELIGIBLE LIST NO.		
	PERMANENT						
	CONTINGENT PERMANENT						
	PERMANENT PROMOTION						
	PROVISIONAL						
	PROVISIONAL PROMOTION						
<input type="checkbox"/> COMPETITIVE <input type="checkbox"/> LABOR <input type="checkbox"/> EXEMPT <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> NON-COMPETITIVE					FROM	TO	
	TEMPORARY						
	TERM OF OFFICE						
	PROBATIONARY PERIOD						

PERSONNEL CHANGES		
<input type="checkbox"/> RESIGNATION: MUST ATTACH RESIGNATION LETTER	<input type="checkbox"/> COMPLETION OF PROBATIONARY PERIOD	
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> CHANGE TO GRADE RATE *	
<input type="checkbox"/> TERMINATED	<input type="checkbox"/> CHANGE IN TITLE	
<input type="checkbox"/> DECEASED	<input type="checkbox"/> CHANGE IN SALARY *	
<input type="checkbox"/> LAYOFF	<input type="checkbox"/> CHANGE IN FRINGE CODE	
<input type="checkbox"/> LEAVE OF ABSENCE: FROM ____ TO ____ CODE ____	<input type="checkbox"/> CHANGE IN BASE SCHEDULED HOURS	
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> CHANGE IN NAME	
<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> CHANGE IN ADDRESS	
<input type="checkbox"/> SUSPENSION	<input type="checkbox"/> OTHER	

REMARKS:

REQUESTED BY _____ DATE _____ APPROVED BY _____ DATE _____ REVIEWED BY _____ DATE _____ ENTERED BY _____ DATE _____	CIVIL SERVICE COMMISSION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ BY _____ DATE _____
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