

REPORT OF PERSONNEL CHANGE

Form MSD-426 (2013)

To: **Herkimer County Personnel**

109 Mary Street, Suite 1304, Herkimer, New York 13350-2915

Date Received (CS Use ONLY)

FROM:

Circle One: County - City - Village - Town - School MUNICIPAL CODE

DEPARTMENT NAME DEPARTMENT CODE

Name & SSN of Last Employee in Position TITLE CODE

SOCIAL SECURITY NO. _____

RETIREMENT NO. _____

NAME OF EMPLOYEE _____
Last, First, Middle Initial

STREET or R.D. _____

City - Village - Town State Zip Code

TITLE OF POSITION TITLE CODE

Salary \$ _____ HR DAY WEEK BI-WEEK YEAR
(Circle One)

IS EMPLOYEE: Full Time ____ Part Time ____

VETERAN STATUS: Veteran ____ Non-Veteran ____
Disabled Veteran ____ Exempt Volunteer Fireman ____

County Departments Only - Complete this Section

Code of Ethics Attestation Form Filed?

INCREMENT STEP _____ Yes ____ No ____

IS EMPLOYEE TO RECEIVE BENEFITS? Yes ____ No ____

CIVIL SERVICE USE ONLY

Jurisdictional Code _____ Eligible List # _____

Authorization Code _____ Status _____ Established _____

Physical Received? Yes ____ No ____ Certified _____

MSD-330 Received? Yes ____ No ____ **Bargaining Unit:** CSEA ____ Highway ____

I-9 Received? Yes ____ No ____ Sheriff ____ Dept Head ____ Exempt ____

X	Check Nature of Change	EFFECTIVE DATES	Action Necessary By Appointing Officer
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Appointments

EFFECTIVE DATE

A05	Permanent-Competitive			Report of Certification
A10	Provisional			Attach Application MSD 330
A15	Temporary	From	To	State Term of Employment
A20	Substitute	From	To	Give Facts Under Remarks
A25	For Term of Office	From	To	Give Facts Under Remarks
A30	Permanent Promotion			Report of Certification
A35	Provisional Promotion			Attach Nomination
A40	Non-Competitive Class			Attach Application MSD 330
A45	Exempt Class			Submit This Form Only
A50	Labor Class			Attach Application MSD 330

Terminations

EFFECTIVE DATE

T05	Resignation			Submit Signed Resignation
T10	Retirement			Give Effective Date
T15	Deceased			Indicate Date
T20	Removal			Copy of Proceedings
T25	Lay Off			Give Facts Under Remarks
T30	Other			Give Facts Under Remarks

Other Changes

EFFECTIVE DATE

C05	Military Leave	From	To	Give Facts Under Remarks
C10	Medical Leave	From	To	Give Facts Under Remarks
C15	Maternity Leave	From	To	Give Facts Under Remarks
C20	Family Illness Leave	From	To	Give Facts Under Remarks
C25	Other Leave	From	To	Give Facts Under Remarks
C30	Return From Leave			Give Facts Under Remarks
C35	Transfer			Give Facts Under Remarks
C40	Demotion			Give Facts Under Remarks
C45	Suspension			Give Facts Under Remarks
C50	Reinstatement			Give Facts Under Remarks
C55	Change Classification			Give Facts Under Remarks
C60	New Position			Submit Form MSD 222
C65	Change in Salary			Indicate New Salary \$
C70	Change in Name			Give Facts Under Remarks
C99	Other			Give Facts Under Remarks

REMARKS:

Appointing Officer Signature

Date _____

Title _____

Address _____