



**MSD - 428**  
(Revised 10/11/2019)

# Essex County Personnel Office

7551 Court Street, PO Box 217, Elizabethtown New York 12932 (518) 873-3360

## Supplementary Payroll Certification and Report of Personnel Change

**\*\*Send one copy prior to payroll affected by this change.\*\***

<b>FROM:</b> (Identify your Location)		<b>DATE:</b>	Employee's Name:	
<b>DEPARTMENT #</b>	<b>ACCOUNT #</b>	<b>TASK/PROJECT #</b>	Job Title:	
NYS Retirement #:			Address:	
			Salary:	
			Birthdate:	S.S. #:

### NATURE OF PERSONNEL CHANGE:

Select Items as Necessary	Action Taken	Effective Date
Civil Service Class		
Appointment Type		
Termination Type		
Leave Type		
Other Changes		

### ACTION REQUIRED OF THE APPOINTING OFFICER FOR APPOINTMENTS AND CHANGES: (Indicate by Check)

Permanent Appointment	Return ECPO 434 Eligible List <input type="checkbox"/>	Leaves of Absence	Give Facts Under Remarks <input type="checkbox"/>
Provisional Appointment	Attach Application <input type="checkbox"/>	Transfer	Give Facts Under Remarks <input type="checkbox"/>
Temporary Appointment	State Length of Employment <input type="checkbox"/>	Demotion	Give Facts Under Remarks <input type="checkbox"/>
Substitute Appointment	Give Facts Under Remarks <input type="checkbox"/>	Suspension	Give Facts Under Remarks <input type="checkbox"/>
For Term of Office	Give Facts Under Remarks <input type="checkbox"/>	Reinstatement	Give Facts Under Remarks <input type="checkbox"/>
Permanent Promotion	Return ECPO 434 Eligible List <input type="checkbox"/>	Classification Change	Give Facts Under Remarks <input type="checkbox"/>
Provisional Promotion	Attach Application <input type="checkbox"/>	New Position	Submit Form ECPO-222 <input type="checkbox"/>
Non-Competitive Class	Attach Application <input type="checkbox"/>	Salary Change	Give Facts Under Remarks <input type="checkbox"/>
Exempt Class	Submit This Form Only <input type="checkbox"/>	Name Change	Give Facts Under Remarks <input type="checkbox"/>
Labor Class	Submit This Form Only <input type="checkbox"/>	Other Change	Give Facts Under Remarks <input type="checkbox"/>

Name and Title of Last Employee (if applicable)

**IF A LICENSE OF ANY KIND IS REQUIRED ATTACH COPY**

License is Required and is Attached:

### PROVIDE REMARKS / NOTES AS NECESSARY IN THIS SECTION:

Name and Title of Appointing Officer:

Signature: \_\_\_\_\_

This certifies that the above employment is in accordance with Law and Rules made pursuant to the Law, subject to any limitations or conditions specified above.

#### THIS SECTION FOR PERSONNEL OFFICE USE ONLY

By: Essex County Personnel Officer

Signature: \_\_\_\_\_

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

**CERTIFIED  
VALID UNTIL**

DATE: \_\_\_\_\_