

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	
INCREMENT STEP _____	Code of Ethics Attestation Form Filed? Yes _____ No _____
IS EMPLOYEE TO RECEIVE BENEFITS? Yes _____ No _____	

CIVIL SERVICE USE ONLY	
Jurisdictional Code _____	Eligible List # _____
Authorization Code _____	Status _____
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
----------	------------------------	-----------------	--

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 _____