



MSD - 428
(Revised 10/11/2019)

Essex County Personnel Office

100 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:****

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

NATURE OF PERSONNEL CHANGE:

(Select Items As Necessary)	Action Taken	(Effective Date) From:	To: (if applicable)
Select Civil Service Class:			
Select Appointment Type:			
Select Termination Type:			
Select 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 ECPO-330 <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 ECPO-330 <input type="checkbox"/>	New Position	Submit Form ECPO-222 <input type="checkbox"/>
Non-Competitive Class	Attach Application ECPO-330 <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: _____