

MSD 428A

**SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE**

Report all personnel changes on this form prior to payroll affected by this change.
County Departments send four copies and all others send two.

FORWARD TO:

Tompkins County Personnel
125 E. Court Street
Ithaca, NY 14850

FROM:	Dept.		
Town, Village, School district, TC3, Library, or Co. Dept. (County Depts. Include Department Number)		NAME OF EMPLOYEE	
TITLE OF POSITION		ADDRESS	
SALARY			
NAME AND TITLE OF LAST EMPLOYEE IN POSITION		Date of Birth	Social Security Number

	CHECK NATURE OF PERSONNEL CHANGE	DATE EFFECTIVE	ACTION NECESSARY BY APPOINTING OFFICER
A	<input type="checkbox"/> Permanent (competitive class only)		Return report of certification (blue copy)
P	<input type="checkbox"/> Provisional		Attach county application
P	<input type="checkbox"/> Temporary	From To	State length of employment
T	<input type="checkbox"/> Substitute		Give facts under remarks
S	<input type="checkbox"/> Non-Competitive Class		Attach county application
	<input type="checkbox"/> Exempt Class		Submit this form only
	<input type="checkbox"/> Labor Class		Attach County application
T	<input type="checkbox"/> Resignation		Submit Signed Resignation
E	<input type="checkbox"/> Retirement		Give Last Date of Work
R	<input type="checkbox"/> Deceased		Give Last Date of Work
M	<input type="checkbox"/> Removal		Attach copy of proceedings
S	<input type="checkbox"/> Lay-off (Lack of Work or Funds)		Give facts under Remarks
	<input type="checkbox"/> Temporary or Seasonal		Give Last Date of Work
O	<input type="checkbox"/> Leave of absence	From To	Give facts under Remarks
T	<input type="checkbox"/> Transfer		Give facts under Remarks
H	<input type="checkbox"/> Demotion		Give facts under Remarks
E	<input type="checkbox"/> Suspension		Give facts under Remarks
R	<input type="checkbox"/> Reinstatement		Give facts under Remarks
	<input type="checkbox"/> Change in Classification		Give facts under Remarks
	<input type="checkbox"/> Change in salary		Indicate New Salary
	<input type="checkbox"/> Change in name and/or address		Give facts under Remarks
	<input type="checkbox"/> Other		Give facts under Remarks

REMARKS: (Continue on back if necessary)

Appointing Officer:

Title:

Date:

**Tompkins County
CERTIFICATE**
valid until

(Date)

This certifies that the above
Employment is in accordance with
Law and Rules made in pursuance
to Law. Subject to any limitation
or condition specified above.

By:

Date: