



MASS CHANGE WORKSHEET

This Worksheet may be used for reporting **MASS Salary, Seasonal Recall, Termination and hour changes ONLY**

CHAUTAUQUA COUNTY
DEPARTMENT OF HUMAN RESOURCES
3 N. Erie St. - Gerace Office Building Mayville, NY 14757-1007
Phone 716-753-4237 Fax 716-753-4686
cohr-municipal@co.chautauqua.ny.us

DO NOT USE THIS FORM FOR NEW HIRES. For all newly hired employees, please send a Report of Personnel Change Form and an **Application**.
Please sign and date the certification section on the bottom of the page.

AGENCY NAME:

EFFECTIVE DATE OF CHANGE: (mm/dd/yy)

Employee Name (last name first)	Job Title	Seasonal Recall Date	Pay Rate	Hours	Termination Date	Termination Reason	CIVIL SERVICE ONLY

SIGNATURE OF APPOINTING AUTHORITY/DESIGNEE AFFIRMING THE ABOVE STATEMENT IS TRUE & ACCURATE:

NAME & TITLE:

Typed Name & Checked "APPROVED" box indicates signature of approval

APPROVED DATE:

(mm/dd/yy)