



# REPORT OF PERSONNEL CHANGE (RPC)

Report of Personnel Change Form for Cities, Schools, Special Districts, Towns and Villages

Please include an **application** for all new appointments

CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES

3 North Erie St., Mayville, NY 14757-1007

[cchr-municipal@co.chautauqua.ny.us](mailto:cchr-municipal@co.chautauqua.ny.us)

Report all types of personnel changes on this form. Fill all sections and boxes below that describe the change and **attach an application(s)** as if applicable. When reporting a multiple number of salaries, terminations and hour changes, please use the **MASS** Change Worksheet.

**1) AGENCY NAME:**

**2) EMPLOYEE INFORMATION:** (This section **MUST** be completed for all types of CHANGES/TRANSACTIONS)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number/Email: (optional) \_\_\_\_\_

**3) EFFECTIVE DATE OF CHANGE/APPOINTMENT:** (mm/dd/yyyy)

**4) APPOINTMENT:** (Changes to an Employee's position/title are considered a new appointment. An **Application** is required for verification of qualifications)

Job Title: \_\_\_\_\_ **SELECT Type of Appointment Below**  
 Previous Title: \_\_\_\_\_ PERMANENT  
 Pay Rate \$: \_\_\_\_\_ **COMPETITIVE** Enter Exam # \_\_\_\_\_ Certification # \_\_\_\_\_  
 Pay Cycle: Weekly Bi-weekly Other \_\_\_\_\_ PROVISIONAL (Prior Approval is Required)  
 Average Hours Per Week: \_\_\_\_\_ SUBSTITUTE (On Call/As Needed)  
 Retirement Number: \_\_\_\_\_ TEMPORARY/SEASONAL—Enter Ending Date \_\_\_\_\_  
 ELECTED OFFICIAL (No Application Needed)

**5) PAY RATE CHANGE:** NEW RATE \$ \_\_\_\_\_ ENTER REASON \_\_\_\_\_

**6) NAME CHANGE:** (Enter **PREVIOUS** name)

**7) HOURS CHANGE:** (Enter Average Hours Per Week) NEW HOURS \_\_\_\_\_ ENTER REASON \_\_\_\_\_

**8) LEAVE OF ABSENCE:** (Paid & Unpaid) END DATE (mm/dd/yyyy) \_\_\_\_\_  
 Administrative Order Medical Non-Occupational/**Section 73 CSL** Workers Comp/**Section 71 CSL** Other \_\_\_\_\_

**9) SUSPENSION:** (Please indicate reason in remarks) END DATE (mm/dd/yyyy) \_\_\_\_\_

**10) REINSTATEMENT FROM:** RETURN DATE (mm/dd/yyyy) \_\_\_\_\_ PAY RATE \$ \_\_\_\_\_  
 Administrative Order Medical Non-Occupational/**Section 73 CSL** Workers Comp/**Section 71 CSL** Other \_\_\_\_\_

**11) TERMINATION:** (Please indicate reason in remarks) Resignation Retirement Temporary/Seasonal  
 End of Term Removal Deceased **Layoff (Prior Civil Service Approval Required)**

**12) REMARKS:**

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

Name & Title: \_\_\_\_\_ Approved Date: \_\_\_\_\_  
Typed Name & Checked approved box indicates signature of approval (mm/dd/yyyy)

**14) CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES:** The below signature certifies that the above employment transaction is made pursuant to current laws and rules. Certification is subject to exception(s) noted & terminates upon separation or change in status of the employee.

**Exceptions/Notes:**

Application Required/Approved License/Certificate Required/Approved Probationary Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 CS Status: \_\_\_\_\_ CS Action: \_\_\_\_\_ Position IN: \_\_\_\_\_ OUT: \_\_\_\_\_  
 Seniority Date: \_\_\_\_\_ CS Seniority Date: \_\_\_\_\_ Jurisdictional Class: \_\_\_\_\_ Provisional/Scanned \_\_\_\_\_

For the **Director of Human Resources:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Certified Thru:** \_\_\_\_\_