

SUPPLEMENTARY PAYROLL CERTIFICATION AND REPORT OF PERSONNEL CHANGE

Report All Personnel Changes on this Form

Date Completed: _____ Department or Municipality: _____ Employee #: _____
 Last Name: _____ First Name: _____ Middle Initial: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Birth Date: _____ Social Security #: _____
 Veteran Status: Non-Veteran Exempt Volunteer Fireman:
 Marital Status: S Ethnic Group: N/A Oath Date: _____

Position #: _____ Account Code: _____ Building Location: _____
 Title: _____ Jurisdictional Classification: Competitive Eligible List #: _____
 Salary Plan: _____ Salary Grade: _____ Step: _____ Compensation Rate: _____ Hours Per Day: _____
 Compensation Frequency: Hourly Additional Pay: _____ Additional Pay Type: Not Applicable

TYPE OF TRANSACTION	EFFECTIVE DATE/S	NECESSARY ACTION
Appointment Type: Not Applicable Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No	From: _____ To: _____	Return report of certification if competitive or have application approved prior to appointment for exempt, labor or non-competitive class.
Termination Reason: Not Applicable	Last day worked: _____	Submit the appropriate paperwork (i.e. signed resignation; copy of disciplinary proceedings; probationary report) and give facts under comments.
Leaves of Absence: Not applicable <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Suspension: Not Applicable <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	From: _____ To: _____ Qualifies for FMLA (HR use only): <input type="checkbox"/> Yes <input type="checkbox"/> No	Give facts under comments. Attach medical documentation for a leave or disciplinary documentation for a suspension. Submit another RPC & medical note when employee returns to work from leave.
Salary Change: Old: _____ New: _____	Effective Date: _____	This includes step changes and/or longevity changes.
Transfer or Demotion: From position #: _____ To position #: _____	Effective Date: _____	Submit transfer or demotion form to Personnel Officer for approval prior to effective date.
Other Transactions: Not Applicable	Effective Date: _____	

Comments:

 Signature Appointing Officer Title: _____