

Form BCP-426	Report all personnel changes on this form Send copy prior to payroll affected by this change. <b>REPORT OF PERSONNEL CHANGE</b>	DATE		
		Month	Day	Year
TO: <b>BROOME COUNTY DEPARTMENT OF PERSONNEL</b>  FROM:		NAME OF EMPLOYEE		
		ADDRESS		
DEPARTMENT		TITLE OF POSITION		\$ SALARY
NAME AND TITLE OF LAST EMPLOYEE IN POSITION		Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/>	Non-Veteran <input type="checkbox"/> Exempt Volunteer Fireman <input type="checkbox"/>	
SOCIAL SECURITY NUMBER				

	X	Check Nature of Personnel Change	Date Effective		Action Necessary by Appointing Officer
APPOINTMENTS		Permanent			Return Report of Certification; attach application
		Provisional			Attach application
		Temporary	From:	To:	State length of employment; attach application
		Substitute	From:	To:	Give facts under remarks; attach application
		For Term of Office	From:	To:	Give facts under remarks
		Permanent Promotion			Return report of certification; attach application
		Provisional Promotion			Attach application
		Non-Competitive Class			Attach application
		Exempt Class			Attach application
		Labor Class			Attach application
TERMINATIONS		Resignation			Submit signed resignation
		Retirement			Give effective date
		Deceased			Indicate date
		Removal			Attach copy of proceedings
		Lay-off (Lack of Work or Funds)			Give facts under remarks
OTHER CHANGES		Military Leave of absence			Give facts under remarks
		Other Leave of absence	From:	To:	Give facts under remarks
		Transfer			Give facts under remarks
		Demotion			Give facts under remarks
		Suspension			Give facts under remarks
		Reinstatement			Give facts under remarks
		Changes in Classification			Give facts under remarks
		New Position			Submit new Position Duties Statement
		Change in Salary			Indicate new salary
		Change in Name			Give facts under remarks
	Other			Give facts under remarks	

If position is part-time, you must indicate the number of hours per week: \_\_\_\_\_

REMARKS: (Continue on separate page if necessary) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APPOINTING OFFICER: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_