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/yyyy) _____

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: _____ ☐ **APPROVED** **DATE:** _____ (mm/dd/yyyy)

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