

**GENESEE COUNTY**  
**NOTICE OF APPOINTMENT OR TRANSFER**

DEPARTMENT: \_\_\_\_\_ FUND/DEPT. NO. \_\_\_\_\_

Check **all** that apply:

_____ Promotion	_____ Part Time/P.I. to Full Time
_____ New Hire, Full Time	_____ Promotion - Police Academy
_____ New Hire, Part Time/P.I.	_____ Full Time to Part Time/P.I.
_____ New Hire, P.T./P.I.— <b>No Benefits</b>	_____ Demotion
_____ New Hire, Temporary	_____ Transfer WITHIN Dept.
_____ Re-Employment	_____ Transfer BETWEEN Depts.
_____ <b>New Position</b>	_____ <b>Benefits to No Benefits Position</b>
	_____ <b>No Benefits to Benefits Position</b>

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_  
Last First M.I.

Effective Date: \_\_\_\_\_

Position #: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor (Required for KRONOS): \_\_\_\_\_

Person last occupying this position: \_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY**

**NEW EMPLOYEES**

Pay Step \_\_\_\_\_  
Base Rate \_\_\_\_\_  
Emp. Class \_\_\_\_\_  
Wkrs. Comp \_\_\_\_\_  
Dues Begin \_\_\_\_\_  
Retire RDC/D7 \_\_\_\_\_  
VNA \_\_\_\_\_

**CHANGE CHECKLIST**

Prev. Rate _____	Wkrs. Comp _____
New Rate _____	VEBA/PRB _____
Step _____	VNA _____
Emp. Class _____	Dept. No. _____
Dues _____	Adj. Serv. Date _____
Review Date _____	Pers. Ben. Date _____
Retirement _____	Vac. Ben. Date _____
	Eval(s) Sent _____

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Approval

\_\_\_\_\_  
Date

## ADJUSTMENT OF SERVICE DATE

Leave Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Months: _____	Days Off: _____	Prev. Adj. Service Date _____
_____	_____	New Adj. Service Date _____
_____	_____	Prev. Review Date _____
_____	_____	New Review Date _____
_____	_____	Prev. Seniority Date _____
_____	_____	New Adj. Sen. Date _____
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Days Off	_____	
Credit Days	<u>30</u>	
Total Days to be Adjusted	_____	

### NEW EMPLOYEE CHECKLIST

_____ Federal Income Tax	_____ Driver's License (If Applicable)
_____ State Income Tax	_____ Medical Exam
_____ City Income Tax	_____ S.S. Number Validation
_____ Application	_____ Employee Orientation
_____ Affirmative Action Form	
_____ Park Card	

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date