# Employee Change Form PO-1M

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSÓNNEL CHANGE

Change Type:

Salary/Class/Title/Type Change

Effective Date of Change: 01/27/2020

	Must be con	npleted					
Social Security #			Agency		en al le la complère de l'élect personne l'en	- attigand if myd veddiol St.	
			ECWA				
Last Name			First Na	me		Retir	ement #
MCCANN			CRAIG			waiting	g
Street Address			City/Tov	wn		Zip C	ode
	*****				· · · · · · · · · · · · · · · · · · ·		
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			: //	I NO	From	: //	To: //
Title - Classificati	on - Salary I	Information:					
Current Title WATER UTILITY WORKER				assification ON-COMPETITIVE	<b>Current Sala</b> \$47,736.00	ıry	Туре
			14	OI4-COMPETITIVE	\$47,730.00		Annually
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CHE MAINTENANCE OF EN	ATOR		N	ON-COMPETITIVE	\$54,412.80		Annually
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Employee Type No				energia e e e e e e e e e e e e e e e e e e e	l Dete		
Full Time Permanent				Temp End	i Date		
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			Keman	<u> </u>			
From: //	<b>T</b> 1 /						
	To: //		*******				
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Separation Inform Separation Type							
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Contraction and the Contraction of the Contraction	nation:						Attachment
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Preparer Information Remarks: Mr. McC probation	nation: tion: cann has obtain chary period.		rements to m				26-week
Preparer Informat	nation: tion: cann has obtain onary period. Prep	arer Email	rements to m		enance Operator an		26-week
Preparer Informat Remarks: Mr. McC probatio Preparer Name Trish Fabozzi	nation: tion: cann has obtain chary period. Prep pfabo	arer Email ozzi@ecwa.org	***************************************				26-week
Preparer Informat Remarks: Mr. McC probatio  Preparer Name Trish Fabozzi  Signature of Juris	tion: cann has obtained and period. Preppfabo	arer Email ozzi@ecwa.org	***************************************				26-week
Preparer Informat Remarks: Mr. McC probatio Preparer Name Trish Fabozzi	nation: tion: cann has obtain chary period. Prep pfabo	arer Email ozzi@ecwa.org	***************************************				26-week
Separation Type  Preparer Informat  Remarks: Mr. McC probation  Preparer Name Trish Fabozzi  Signature of Juris DENIED APPROVED Signature	tion: Cann has obtained and period.  Prep plabed dictions App Reason:  Date	arer Email ozzi@ecwa.org ointing Office	ere e			fficer Email	26-week  Submit
Preparer Informat Remarks: Mr. McCoprobation Preparer Name Trish Fabozzi Signature of Juris DENIED APPROVED Signature McCracken, Terrence	tion: Cann has obtained and period.  Prep pfabordictions App Reason:  Date 02/10/2	arer Email ozzi@ecwa.org ointing Office	e <b>r:</b>	Jurisdiction of the second of			26-week
Preparer Informat Remarks: Mr. McC probatio  Preparer Name Trish Fabozzi  Signature of Juris DENIED APPROVED Signature McCracken, Terrence  ERIE COUNTY PER	tion: Cann has obtained period.  Preppfabored present processing period.  Preppfabored present processing proc	arer Email ozzi@ecwa.org ointing Office	e <b>r:</b>	Jurisdiction of the second of		fficer Email	26-week  Submit
Preparer Informat Remarks: Mr. McC probatio  Preparer Name Trish Fabozzi  Signature of Juris DENIED APPROVED Signature McCracken, Terrence  ERIE COUNTY PER	tion: Cann has obtained and period.  Prep pfabordictions App Reason:  Date 02/10/2	arer Email ozzi@ecwa.org ointing Office	e <b>r:</b>	Jurisdiction of the second of		fficer Email	26-week  Submit
Preparer Informat Remarks: Mr. McC probatio  Preparer Name Trish Fabozzi  Signature of Juris DENIED APPROVED Signature McCracken, Terrence  ERIE COUNTY PER	tion: Cann has obtained period.  Preppfabored present processing period.  Preppfabored present processing proc	arer Email ozzi@ecwa.org ointing Office	eri IT	Jurisdiction of the second of		fficer Email	26-week  Submit
Preparer Informat Remarks: Mr. McCoprobation Preparer Name Trish Fabozzi Signature of Junis DENIED APPROVED Signature McCracken, Terrence ERIE COUNTY PER DENIED APPROVED APPROVED	tion: Cann has obtained period.  Preppfabored properties of the pr	arer Email ozzi@ecwa.org ointing Office 2020 13:50:05 ES	er: T IFICATION	Jurisdiction of the second of	ons Appointing Of	Approve	26-week  Submit  Day

Tracking Number: 81075

Status

### **Employee Change Form** PO-1M

SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE Salary/Class/Title/Type Change **Change Type:** 09/05/2019 **Effective Date of Change:** Employee Data: - Must be completed Social Security # Agency **ECWA Last Name** First Name Retirement # **TOMAKA** JOYCE **Street Address** City/Town Zip Code **Veteran Exemption** Volunteer Firemen **Dates of Service Dates of Service** NO NO From: // To: // From: // To: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary** Type COMPTROLLER **EXEMPT** \$124,956.00 Annually **New Title** New Salary **Type** Classification COMPTROLLER **EXEMPT** \$138,488.48 Annually #Available/Filled: 2 / 0 List Number: Attach List File Attach College Transcripts Employee Type - For temporary appointments show End Date. Employee Type Note: Temp End Date Full Time Temporary 09/04/2020 Leave Information: Leave Type **Attachment** Remarks: From: // 11 To: Separation Information: Separation Type **Attachment Preparer Information:** Ms. Tomaka was appointed Acting Comptroller on 5-16-19 and Comptroller on 9-5-19. Remarks: Submit **Preparer Name Preparer Email Jurisdictions Appointing Officer Email** Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: ☐ DENIED Reason: **M** APPROVED Signature Email **Date** McCracken, Terrence 02/13/2020 14:57:03 EST **Approve ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** ☐ DENIED Reason: □ APPROVED

Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

**Date** 

Signature

**Approve** 

Tracking Number:

72122

### **Employee Change Form PO-1M**

Status

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

New Hire **Change Type: Effective Date of Change: Employee Data: - Must be completed** Social Security # Agency **ECWA** Retirement # **Last Name** First Name **KUKOLECA CHARLES** Zip Code **Street Address** City/Town **Dates of Service** Volunteer Firemen **Dates of Service Veteran Exemption** NO To: // NO From: // From: // To: // **Title - Classification - Salary Information:** Classification **Current Title Current Salary** Type **New Salary** Type **New Title** Classification WATER UTILITY WORKER NON-COMPETITIVE \$49,441.60 Annually #Available/Filled: 43 / -1 List Number: Attach List File **Attach College Transcripts Employee Type - For temporary appointments show End Date.** Employee Type Note: Temp End Date Full Time Permanent 11 **Leave Information: Attachment Leave Type** Remarks: From: // To: -11 **Separation Information:** Separation Type Attachment Preparer Information: Mr. Kukoleca will serve a 26-week probationary period. Remarks: Submit **Preparer Name Preparer Email Jurisdictions Appointing Officer Email** Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: **□** DENIED Reason: APPROVED **Email** Signature Date Deny **Approve** McCracken, Terrence 02/10/2020 19:32:20 EST **ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** □ DENIED Reason: ■ APPROVED Signature **Date Approve** Deny Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

### **Employee Change Form PO-1M**

SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE **Effective Date of Change:** 08/19/2019 **Change Type:** Employee Data: - Must be completed Social Security # Agency **ECWA** Retirement # First Name **Last Name** JEMIOLO JUSTIN Zip Code Street Address City/Town Volunteer Firemen **Dates of Service Dates of Service Veteran Exemption** NO To: // From: // NO From: // To: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary** Type **New Salary** Type **New Title** Classification WATER UTILITY WORKER NON-COMPETITIVE \$50,190.40 Annually 43 / -1 List Number: **Attach College Transcripts** #Available/Filled: Attach List File Employee Type - For temporary appointments show End Date. **Temp End Date Employee Type Note:** Full Time Permanent 11 Leave Information: **Attachment Leave Type** Remarks: From: // To: 11 **Separation Information:** Separation Type **Attachment** Preparer Information: Mr. Jemiolo will serve a 26-week probationary period. Remarks: Submit Jurisdictions Appointing Officer Email **Preparer Name** Preparer Email pfabozzi@ecwa.org Trish Fabozzi Signature of Jurisdictions Appointing Officer: DENIED Reason: **APPROVED** Email Date Signature **Approve** Deny 02/10/2020 19:13:07 EST McCracken, Terrence **ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** DENIED Reason: **APPROVED Signature** Date

Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

Tracking Number: 58173

Status

Deny

**Approve** 

**Tracking Number:** 

70728

### **Employee Change Form PO-1M**

Status

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Salary/Class/Title/Type Change Change Type: **Effective Date of Change:** 10/21/2019 Employee Data: - Must be completed Social Security # Agency **ECWA** Retirement # **Last Name** First Name **ALAGNA** PAUL. Street Address Zip Code City/Town Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO NO To: // From: // To: // From: // **Title - Classification - Salary Information: Current Title** Classification **Current Salary** Type WATER UTILITY WORKER NON-COMPETITIVE \$52,915,20 Annually **New Salary** Type **New Title** Classification LINE MAINTENANCE OPERATOR NON-COMPETITIVE \$56,097.60 Annually #Available/Filled: 31 / **List Number:** Attach List File **Attach College Transcripts** Employee Type - For temporary appointments show End Date. Employee Type Note: **Temp End Date** Full Time Permanent 11 Leave Information: Attachment **Leave Type** Remarks: From: // To: 11 Separation Information: **Separation Type** Attachment Preparer Information: Mr. Alagna met all the requirements to become a Line Maintenance Operator and will serve a probationary period Remarks: Submit **Jurisdictions Appointing Officer Email Preparer Name** Preparer Email Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: □ DENIED Reason: **APPROVED** Date **Email** Signature Deny 02/08/2020 17:19:21 EST Approve McCracken, Terrence **ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** DENIED Reason: □ APPROVED Signature Date **Арргоче** Deny Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

## Employee Change Form PO-1M

SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE Salary/Class/Title/Type Change **Change Type:** 12/16/2019 **Effective Date of Change:** Employee Data: - Must be completed Social Security # Agency **ECWA Last Name** Retirement # **First Name CHAMBERS** KAREN waiting Zip Code **Street Address** City/Town Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO NO To: // From: // To: // From: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary** Type ACCOUNT CLERK COMPETITIVE \$52,956,80 Annually New Salary Type **New Title** Classification SENIOR ACCOUNT CLERK COMPETITIVE \$56,199.52 Annually #Available/Filled: 3 / 1 List Number: Attach List File Attach College Transcripts **Employee Type - For temporary appointments show End Date. Employee Type Note: Temp End Date** Full Time Permanent 11 Leave Information: Attachment Leave Type Remarks: From: // To: 11 Separation Information: Separation Type Attachment Preparer Information: Ms. Chambers will serve a 26-week probationary period Remarks: Submit **Jurisdictions Appointing Officer Email Preparer Name** Preparer Email Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: DENIED Reason: APPROVED **Email** Signature **Date Approve** Deny

**ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** 

DENIED Reason: ☐ APPROVED

> Signature Date

02/10/2020 12:27:55 EST

**Approve** Deny

Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

McCracken, Terrence

## **Employee Change Form PO-1M**

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Salary/Class/Title/Type Change Change Type: 11/25/2019 **Effective Date of Change:** Employee Data: - Must be completed Social Security # Agency **ECWA Last Name** Retirement # First Name **MEEGAN TIMOTHY** Street Address City/Town Zip Code Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO NO From: // To: // From: // To: // **Title - Classification - Salary Information: Current Title** Classification **Current Salary Type** WATER UTILITY WORKER NON-COMPETITIVE \$52,416,00 Annually **New Salary** Type **New Title** Classification LINE MAINTENANCE OPERATOR NON-COMPETITIVE \$55,078.40 Annually #Available/Filled: 31 / List Number: Attach List File Attach College Transcripts **Employee Type - For temporary appointments show End Date. Employee Type** Note: **Temp End Date** Full Time Permanent 11 Leave Information: Leave Type **Attachment** Remarks: From: // To: -1.1Separation Information: Separation Type **Attachment** Preparer Information: Mr. Meegan has obtained all the requirements to move up to Line Maintenance Operator. He will serve a 26-week Remarks: probationary period. Submit Preparer Name **Jurisdictions Appointing Officer Email** Preparer Email Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: DENIED Reason: **APPROVED** Signature **Date** Email Deny 02/10/2020 13:41:33 EST **Approve** McCracken, Terrence **ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** ■ DENIED Reason: ■ APPROVED Signature Date **Approve** Deny Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law,

subject to any limitation or condition specified above

### **Employee Change Form PO-1M**

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Salary/Class/Title/Type Change **Change Type: Effective Date of Change:** 09/03/2019 Employee Data: - Must be completed Social Security # Agency **ECWA** First Name Retirement # Last Name waiting **GRIMALDI JORDAN** Zip Code **Street Address** City/Town **Dates of Service Veteran Exemption Dates of Service** Volunteer Firemen NO To: // From: // To: // NO From: // Title - Classification - Salary Information: Classification **Current Salary Type Current Title** NON-COMPETITIVE \$52,416.00 WATER UTILITY WORKER Annually **New Salary** Type **New Title** Classification LINE MAINTENANCE OPERATOR NON-COMPETITIVE \$55,078.40 Annually #Available/Filled: 31 / List Number: Attach List File **Attach College Transcripts** Employee Type - For temporary appointments show End Date. **Temp End Date Employee Type Note:** Full Time Permanent 11 Leave Information: **Attachment Leave Type** Remarks: From: // To: 11 Separation Information: **Separation Type** Attachment Preparer Information: Mr. Grimaldi met all the requirements to move to Line Maintenance Operator and will serve a probationary period. Remarks: Submit **Jurisdictions Appointing Officer Email Preparer Name** Preparer Email Trish Fabozzi pfabozzi@ecwa.org **Signature of Jurisdictions Appointing Officer:** ☐ DENIED Reason: **APPROVED Email** Date **Signature Approve** Deny 02/08/2020 17:28:21 EST McCracken. Terrence ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION: DENIED Reason: ■ APPROVED Signature Date **Арргоче** Deny

Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

Tracking Number: 72078

**Tracking Number:** 

70758

### **Employee Change Form PO-1M**

**Status** 

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Salary/Class/Title/Type Change Change Type: **Effective Date of Change:** 08/05/2019 Employee Data: - Must be completed Social Security # Agency **ECWA Last Name** First Name Retirement # **SCHULTZ RONALD** Street Address Zip Code City/Town Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO To: // NO From: // From: // To: // **Title - Classification - Salary Information: Current Title** Classification **Current Salary** Type LINE MAINTENANCE OPERATOR NON-COMPETITIVE \$53,976.00 Annually **New Salary** Type **New Title** Classification CONSTRUCTION INSPECTOR COMPETITIVE \$58,456.32 Annually #Available/Filled: 6 / 2 List Number: Attach List File Attach College Transcripts **Employee Type - For temporary appointments show End Date. Employee Type Note:** Temp End Date Full Time Provisional 11 Leave Information: **Attachment Leave Type** Remarks: From: // To: 11 Separation Information: **Separation Type** Attachment Preparer Information: Remarks: Submit **Preparer Name Preparer Email Jurisdictions Appointing Officer Email** Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: ☐ DENIED Reason: **APPROVED Email** Date Signature Deny 02/10/2020 14:24:23 EST **Approve** McCracken, Terrence **ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** □ DENIED Reason: □ APPROVED Signature **Date** Approve Deny Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

Tracking Number:

# **Employee Change Form PO-1M**

Status

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Change Type: New Hire Effective Date of Change: 08/28/2019

Employee Data: -	Must be completed					
Social Security #		Agency				
		ECWA				
Last Name		First Name		R	etirement #	
BATES		CARTER				
Street Address		City/Town		z I	ip Code	
Veteran Exemption	Dates of	Service	Volunteer F	iremen Dat	es of Service	
NO	From: //	To: //	NO	From: //	To: //	
Title - Classificati	on - Salary Informatio	on:				
Current Title		Classif	ication	<b>Current Salary</b>	Туре	
New Title		Classit	fication	<b>New Salary</b>	Туре	
ASSISTANT ENGINEERING	DRAFTSWORKER	COMP	ETITIVE	\$44,705.44	Annually	
#Available/Filled:	12 <b>/ List</b>	Number:		tach List File Attach Co	lege Transcripts	
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	For temporary appoin	tments show End	Date.			
Employee Type No Full Time Provisional			Temp End Date			
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Leave Information	n:					
Leave Type		Remarks:			Attachment	
From: //	To: //					
Separation Inform Separation Type	nation:					
Separation type					Attachment	
Preparer Informa	tion:					
Remarks:						
Kemarks:		the transfer to the second of			12 Tea 18 28 21 17 18 18 18 18 18 18 18 18 18	
Preparer Name	Preparer Emai		Jurisdic	tions Appointing Officer En	nail Submit	
Trish Fabozzi	pfabozzì@ecwa.e					
	dictions Appointing O	Hicer:	<u> </u>			
☐ DENIED  ■ APPROVED	Reason:					
Signature	Date	Ema	eil			
McCracken, Terrence	02/10/2020 20:24:3			Approve	e Deny	
ERME COUNTRY PE	rsonnel office c	ERTUFICATIONS				
☐ DENIED	Reason:					
☐ APPROVED		Ph				
	Signature	Date		Арргоч	e Deny	
Upon Approval ti				the Law and Rules made in		
-	subjec	t to any limitation or	condition spec	ified above		

**Tracking Number:** 

## **Employee Change Form PO-1M**

Status

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

New Hire 09/24/2019 Change Type: **Effective Date of Change:** Employee Data: - Must be completed Social Security # Agency **ECWA First Name** Retirement # **Last Name AMBROSE ERICA** Zip Code Street Address City/Town Volunteer Firemen **Dates of Service** Veteran Exemption **Dates of Service** NO NO From: // To: // From: // To: // Title - Classification - Salary Information: Classification **Current Salary Current Title Type New Salary** Type Classification **New Title** ASSISTANT BUSINESS OFFICE MANAGER COMPETITIVE \$73,577.92 Annually #Available/Filled: 1 / -1 List Number: Attach List File Attach College Transcripts **Employee Type - For temporary appointments show End Date. Temp End Date Employee Type** Note: Full Time Permanent 11 Leave Information: Attachment **Leave Type** Remarks: From: // To: 11 Separation Information: **Separation Type Attachment** Preparer Information: Ms. Ambrose will serve a 26-week probationary period. Remarks: Submit **Jurisdictions Appointing Officer Email** Preparer Email **Preparer Name** Trish Fabozzi pfabozzi@ecwa.org **Signature of Jurisdictions Appointing Officer:** DENIED Reason: APPROVED Email **Date** Signature **Approve** Deny 02/10/2020 19:47:13 EST McCracken, Terrence ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION: DENIED Reason: ☐ APPROVED **Date** Signature **Approve** Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

**Tracking Number:** 

### **Employee Change Form PO-1M**

Status

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

New Hire **Change Type:** 08/27/2019 **Effective Date of Change:** Employee Data: - Must be completed Social Security # Agency **ECWA** Retirement # **Last Name First Name STOKLOSA** MICHAEL Street Address City/Town Zip Code Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO NO To: // From: // From: // To: // **Title - Classification - Salary Information: Current Title** Classification **Current Salary** Type **New Salary** Type **New Title** Classification ASSISTANT ENGINEERING DRAFTSWORKER COMPETITIVE \$44,705.44 Annually #Available/Filled: 12 / List Number: Attach List File **Attach College Transcripts Employee Type - For temporary appointments show End Date. Employee Type Note: Temp End Date** Full Time Provisional IILeave Information: Attachment **Leave Type** Remarks: From: // To: 11 Separation Information: **Separation Type** Attachment Preparer Information: Remarks: Submit Jurisdictions Appointing Officer Email **Preparer Name** Preparer Email Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: DENIED Reason: **APPROVED** Signature **Date** Email Deny 02/10/2020 20:34:31 EST **Approve** McCracken, Terrence **ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** ☐ DENIED Reason: □ APPROVED Signature Date **Approve** Deny Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

**Tracking Number:** 

## Employee Change Form PO-1M

Status

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Change Type: New Hire **Effective Date of Change:** 08/26/2019 Employee Data: - Must be completed Social Security # Agency **ECWA** Retirement # **Last Name** First Name HOAK TIMOTHY **Street Address** City/Town Zip Code **Dates of Service Veteran Exemption Dates of Service** Volunteer Firemen NO NO From: // To: // From: // To: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary** Type **New Salary Type New Title** Classification WATER UTILITY WORKER NON-COMPETITIVE \$49,441.60 Annually #Available/Filled: 43 / -1 List Number: Attach List File Attach College Transcripts **Employee Type - For temporary appointments show End Date. Employee Type Note: Temp End Date** Full Time Permanent 11 Leave Information: **Attachment Leave Type** Remarks: 11 From: // To: Separation Information: Separation Type **Attachment Preparer Information:** Mr. Hoak will serve a 26-week probationary period Remarks: Submit **Preparer Name Preparer Email Jurisdictions Appointing Officer Email** Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: ■ DENIED Reason: **APPROVED** Signature **Date Email** McCracken, Terrence 02/10/2020 19:38:47 EST **Approve** Deny ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION: DENIED Reason: ■ APPROVED Date Signature **Approve** Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

**Tracking Number:** 

### Employee Change Form PO-1M

Status

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

**Change Type:** New Hire **Effective Date of Change:** Employee Data: - Must be completed Social Security # Agency **ECWA Last Name** Retirement # **First Name PUGH** DEREK Street Address Zip Code City/Town **Veteran Exemption Dates of Service** Volunteer Firemen **Dates of Service** NO NO To: // From: // From: // To: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary Type New Salary Type New Title** Classification ASSISTANT ENGINEERING DRAFTSWORKER COMPETITIVE \$44,705.44 Annually #Available/Filled: 12 / List Number: Attach List File **Attach College Transcripts** Employee Type - For temporary appointments show End Date. **Temp End Date Employee Type** Note: Full Time Provisional 11 Leave Information: **Attachment Leave Type** Remarks: From: // To: 11 Separation Information: Separation Type **Attachment** Preparer Information: Remarks: **Jurisdictions Appointing Officer Email Submit Preparer Name Preparer Email** Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: **□** DENIED Reason: **APPROVED** Email Signature Date **Approve** Deny 02/10/2020 20:29:09 EST McCracken, Terrence **ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** ■ DENIED Reason: ☐ APPROVED Signature **Date Approve** Deny Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

## **Employee Change Form PO-1M**

SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE Change Type: Salary/Class/Title/Type Change **Effective Date of Change:** 12/28/2019 Employee Data: - Must be completed Social Security # Agency **ECWA Last Name** First Name Retirement # **STEPANIK** MARY Street Address City/Town Zip Code Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO NO From: // To: // From: // To: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary** Type MESSENGER LABOR \$42,829,28 Annually **New Salary** Type **New Title** Classification SENIOR CLERK TYPIST COMPETITIVE \$48,936,16 Annually 1 / 0 #Available/Filled: List Number: Attach List File **Attach College Transcripts** Employee Type - For temporary appointments show End Date. **Employee Type Note: Temp End Date** Full Time Provisional 11 Leave Information: **Leave Type** Attachment Remarks: From: // To: -11Separation Information: Separation Type Attachment **Preparer Information:** Remarks: **Preparer Name Preparer Email** Jurisdictions Appointing Officer Email Submit Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: DENIED Reason: **APPROVED** Signature Date **Email** McCracken, Terrence 02/13/2020 15:09:43 EST **Approve** Deny **ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** □ DENIED Reason: APPROVED

Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above

Date

**Tracking Number:** 

**Signature** 

Deny

**Approve** 

# **Employee Change Form PO-1M**

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Change Type: Salary/Class/Title/Type Change Effective Date of Change: 12/28/2019

Employee Data: - M	lust be complete	d					
Social Security #		Age	ency				
		EC	CWA				
Last Name		Fir	st Name			Retir	ement #
POOLE			IDREA				
Street Address		Cit	y/Town	I		Zip (	Code
Veteran Exemption NO	Dates From: //	of Service To: //		<b>Volunteer I</b> NO		Dates	of Service To: //
Title - Classification	n - Salary Inform	ation:					
Current Title MESSENGER			<b>Classifi</b> LABOR	cation	<b>Current</b> \$50,169	-	<b>Type</b> Annually
New Title SENIOR CLERK TYPIST			Classific COMPE		<b>New Sa</b> \$56,484	-	<b>Type</b> Annually
#Available/Filled:	1 <b>/</b> 0 L	ist Number:		At	tach List File	Attach Colleg	e Transcripts
Employee Type - Fo	or temporary app	ointments sl	now End D	ate.			
Employee Type Note Full Time Permanent	<u>e:</u>			Temp Er	nd Date		
Leave Information:							
Leave Type		R	emarks:				Attachment
From: //	To: //						·
Separation Informa	ition:						
Separation Type							
							Attachment
Preparer Information	on:						
Remarks:							
<b>Preparer Name</b> Trish Fabozzi	Preparer Er pfabozzi@eo			Jurisdict	ions Appointi	ng Officer Email	Submit
Signature of Jurisdi	ictions Appointing	g Officer:					
☐ DENIED R  ■ APPROVED	Reason:						
Signature McCracken, Terrence	<b>Date</b> 02/13/2020 15:	14:11 EST	Email	l		Approve	Deny
ERIE COUNTY PERS	YONNEL OFFICE -	- CERTIFICA	TION:				
	Reason:						
APPROVED S	Gignature		Date			Approve	Deny
Upon Approval this		bove employm ject to any lim					

Tracking Number: 70654

Status

Tracking Number:

70614

## **Employee Change Form PO-1M**

**Status** 

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Change Type: Salary/Class/Title/Type Change Effective Date of Change: Employee Data: - Must be completed Social Security # Agency **ECWA** Last Name First Name Retirement # KOWALSKI **LEONARD** Street Address City/Town Zip Code Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO NO From: // To: // From: // To: // **Title - Classification - Salary Information: Current Title** Classification **Current Salary** Type SENIOR DISTRIBUTION ENGINEER NON-COMPETITIVE \$132,620.80 Annually **New Title** Classification **New Salary** Type **EXECUTIVE ENGINEER EXEMPT** \$168,596,48 Annually #Available/Filled: 1 / List Number: Attach List File **Attach College Transcripts Employee Type - For temporary appointments show End Date. Employee Type Note:** Temp End Date Full Time Permanent 11 Leave Information: **Leave Type** Attachment Remarks: From: // To: 11 Separation Information: **Separation Type** Attachment Preparer Information: Remarks: **Preparer Name** Preparer Email Jurisdictions Appointing Officer Email Submit Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: ■ DENIED Reason: **APPROVED** Signature **Date** Email McCracken, Terrence 02/13/2020 13:33:45 EST Deny **Approve ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** ■ DENIED Reason: ☐ APPROVED Signature **Date Approve** Deny Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law,

subject to any limitation or condition specified above

## **Employee Change Form PO-1M**

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Change Type: Salary/Class/Title/Type Change **Effective Date of Change:** 11/12/2019 Employee Data: - Must be completed Social Security # Agency **ECWA Last Name** First Name Retirement # **CATANZARO JOHN** Street Address City/Town Zip Code **Veteran Exemption Dates of Service** Volunteer Firemen **Dates of Service** NO NO From: // To: // From: // To: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary** Type CREW CHIEF (ECWA) COMPETITIVE \$70,356.00 Annually **New Title New Salary** Classification Type DIRECTOR OF OPERATIONS PJC \$100,516.00 Annually #Available/Filled: 1 / -1 List Number: Attach List File Attach College Transcripts **Employee Type - For temporary appointments show End Date. Employee Type Note:** Temp End Date Full Time Temporary 11/11/2020 Leave Information: **Leave Type** Attachment Remarks: From: // To: 11 Separation Information: **Separation Type** Attachment Preparer Information: Remarks: **Preparer Name Jurisdictions Appointing Officer Email Preparer Email** Submit Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: ■ DENIED Reason: **M** APPROVED Signature Date Email McCracken, Terrence 02/13/2020 14:23:53 EST Denv **Approve ERIE COUNTY PERSONNEL OFFICE -- CERTIFICATION:** ☐ DENIED Reason: ■ APPROVED Signature **Date** Deny **Approve** 

Upon Approval this certifies that the above employment is in accordance with the Law and Rules made in pursance to Law, subject to any limitation or condition specified above