Reset

Tracking Number:

## Employee Change Form PO-1M

Status

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Change Type: New Hire Effective Date of Change: 09/14/2020 Employee Data: - Must be completed Social Security # Agency **ECWA Last Name First Name** Retirement # RUSSELL **PATRICK** Street Address City/Town Zip Code LAKE VIEW 14085 Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO From: // NO To: // From: // To: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary** Type **New Salary New Title** Classification Type DIESEL GENERATOR MECHANIC **PJC** \$59,779.20 Annually #Available/Filled: 2 / 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** 09/13/2021 **Leave Information: Leave Type Attachment** Remarks: From: // To: // **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 09/16/2020 11:23:22 EDT **Approve** Deny **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

Status

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

New Hire Change Type: Effective Date of Change: 10/05/2020 Employee Data: - Must be completed Social Security # Agency **ECWA Last Name** First Name Retirement # WHEELER WILLIAM Street Address City/Town Zip Code **EDEN** 14057 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 **New Title New Salary** Classification Type DISTRIBUTION ENGINEER NON-COMPETITIVE \$115,974.56 Annually #Available/Filled: 6 / 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: // Separation Information: Separation Type Attachment **Preparer Information:** Mr. Wheeler will serve a 26-week probationary period. Remarks: **Preparer Name Preparer Email** Submit Jurisdictions Appointing Officer Email Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: DENIED Reason: **APPROVED** Signature Date **Email** 09/16/2020 10:43:12 EDT McCracken, Terrence **Approve** Deny **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:** 

Status

### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

New Hire **Change Type:** Effective Date of Change: 09/14/2020 **Employee Data: - Must be completed** Social Security # Agency **ECWA Last Name First Name** Retirement # KAMMERDEINER DAWN Street Address City/Town Zip Code **TONAWANDA** 14150 Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO From: // To: // From: // To: // **Title - Classification - Salary Information: Current Title** Classification **Current Salary** Type **New Salary New Title** Type Classification WATER PLANT HELPER **LABOR** \$50,440.00 Annually #Available/Filled: 7 / **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: // **Separation Information:** Separation Type **Attachment Preparer Information:** Ms. Kammerdeiner will serve a 26-week probationary period. Remarks: **Preparer Name** Preparer Email Submit **Jurisdictions Appointing Officer Email** Trish Fabozzi pfabozzi@ecwa.org Signature of Jurisdictions Appointing Officer: DENIED Reason: **APPROVED** Signature Date **Email** 09/16/2020 12:34:20 EDT McCracken, Terrence **Approve** Deny **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:** 

Reset

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

#### SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

Change Type: New Hire Effective Date of Change: 09/09/2020 **Employee Data: - Must be completed** Social Security # Agency **ECWA Last Name First Name** Retirement # **ECKL JOSEPH Street Address** City/Town Zip Code **CHEEKTOWAGA** 14225 Veteran Exemption **Dates of Service** Volunteer Firemen **Dates of Service** NO From: // NO To: // From: // To: // Title - Classification - Salary Information: **Current Title** Classification **Current Salary** Type **New Salary New Title** Type Classification WATER PLANT HELPER LABOR \$50,440.00 Annually #Available/Filled: 7 / **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: // **Separation Information: Separation Type** Attachment **Preparer Information:** Mr. Eckl will serve a 26-week probationary period. 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 09/16/2020 12:26:46 EDT **Approve** Deny **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: **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 Last Name** First Name Retirement # **PALUCH MARISSA** Street Address City/Town Zip Code DERBY 14047 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 **New Title New Salary** Classification Type WATER PLANT HELPER LABOR \$50,440.00 Annually 7 / #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 Permanent 11 **Leave Information: Leave Type Attachment** Remarks: From: // To: 11 **Separation Information: Separation Type** Attachment **Preparer Information:** Ms. Paluch will serve a 26-week probationary period. 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 09/16/2020 12:11:52 EDT **Approve** Deny **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: Status

## SUPPLEMENTARY PAYROLL CERTIFICATION REPORT OF PERSONNEL CHANGE

|  | Change Ty         | pe: Nev     | w Hire    |                      |                   |              | Effectiv                 | e Date of Cha   | ange:              | 09/09/2020 |
|--|-------------------|-------------|-----------|----------------------|-------------------|--------------|--------------------------|-----------------|--------------------|------------|
| Employee Data:   | - Must be co      | mpleted     |           |                      |                   |              |                          |                 |                    |            |
| Social Security #  |                   |             |           | <b>Agenc</b><br>ECW/ | . 19              |              |                          |                 |                    |            |
| Last Name<br>SCHREIBER   |                   |             |           | First I              |                   |              |                          | Reti            | rement             | #          |
| Street Address   |                   |             |           | City/1<br>EDEN       |                   |              |                          | <b>Zip</b> 1405 | Code<br>57         |            |
| Veteran Exemption Dates of Service   |                   |             | e         | Volunteer Firemen    |                   |              | Dates of Service         |                 |                    |            |
| NO   | From              | : 11        | To:       | 11                   | NO                |              | Fro                      | m: //           | To:                | 11         |
| Title - Classificat  | ion - Salary      | Informa     | ation:    |                      |                   |              |                          |                 |                    |            |
| Current Title  |                   |             |           |                      | Classification    | 1            | Current Sa               | alary           | Тур                | e          |
| New Title PUMP MECHANIC  |                   |             |           |                      | Classification    | 1            | New Salar<br>\$59,508.80 | у               | Тур                |            |
|  |                   |             |           |                      | 100               |              | ψ09,300.00               |                 | Anni               | ually      |
| #Available/Filled  | 4/2               | Li          | st Numbe  | er:                  |                   | Attach L     | ist File                 | Attach Colleg   | ge Trans           | cripts     |
| Employee Type -  | For tempor        | ary app     | ointment  | s shov               | v End Date.       |              |                          |                 |                    | A MAGA     |
| Employee Type N  | lote:             |             |           |                      | To                | emp End Da   | ite                      |                 |                    |            |
| Full Time Temporary  |                   |             |           |                      |                   | 09/08/2021   |                          |                 |                    |            |
| Leave Information  | n:                |             |           |                      |                   |              |                          |                 |                    |            |
| Leave Type   |                   |             |           | Rem                  | arks:             |              |                          |                 | Atta               | nchment    |
|  |                   |             |           |                      | 2                 |              |                          |                 |                    |            |
| From: //   | To: //            |             |           |                      |                   |              |                          |                 |                    |            |
| Separation Inform  | mation:           |             |           |                      |                   |              |                          |                 |                    |            |
| Separation Type  |                   |             |           |                      |                   |              |                          |                 | Atte               | dment      |
| Preparer Informa   | ation             |             | 27.61.25% |                      |                   |              |                          |                 | Aug                | diment     |
| a router land to be to the graph of the participation of the land of the graph of the land of the graph of the land of the graph of the | auom              |             |           |                      | and the second of |              |                          |                 |                    |            |
| Remarks:   | y)                |             |           |                      |                   |              |                          |                 |                    |            |
| <b>Preparer Name</b>   |                   | parer Em    |           |                      | Ju                | urisdictions | Appointing               | Officer Email   | S                  | ubmit      |
| Trish Fabozzi  |                   | bozzi@ecv   |           |                      |                   |              |                          |                 |                    |            |
| Signature of Juris   |                   | pointing    | Officer:  |                      |                   |              |                          |                 |                    |            |
| ☐ DENIED  ■ APPROVED   | Reason:           |             |           |                      |                   |              |                          |                 |                    |            |
| Signature<br>McCracken, Terrence   | <b>Date</b> 09/16 | 6/2020 11:3 | 5:16 EDT  |                      | Email             |              |                          | Approve         |                    | Deny       |
| ERIE COUNTY PE   | RSONNEL O         | FFICE       | CERTIF    | ICATIO               | ON:               |              |                          |                 |                    |            |
| <ul><li>□ DENIED</li><li>□ APPROVED</li></ul>  | Reason:           |             |           |                      |                   |              |                          |                 |                    |            |
| _ AFFROVED   | Signature         |             |           |                      | Date              |              |                          |                 |                    |            |
|  |                   |             |           |                      |                   |              |                          | Approve         | THE REAL PROPERTY. | 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:   |                   |             |           |                      |                   |              |                          |                 | S                  | tatus      |