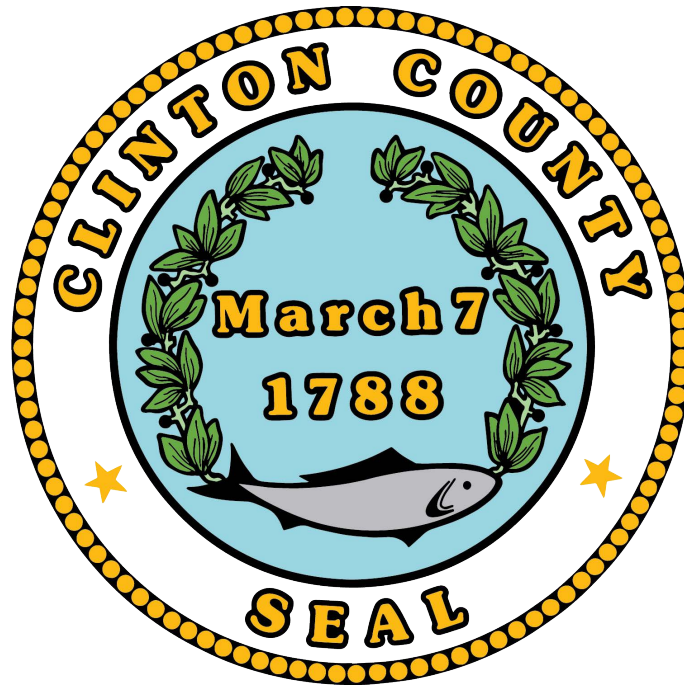


CIVIL SERVICE MANUAL FOR APPOINTING AUTHORITIES



**Clinton County Department of Personnel
Clinton County Government Center
137 Margaret Street
Plattsburgh, NY 12901**

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INTRODUCTION

This manual is to help explain Civil Service procedures. It contains references to Clinton County Civil Service Rules that have the force and effect of law, and apply to all positions in the classified service. You will find an alphabetical listing of forms mentioned, and sample letters, at the end of this manual.

The Clinton County Department of Personnel webpage has the Clinton County Civil Service Rules, forms, informational memos, manuals, examination announcements, job openings, and position descriptions: <http://www.clintoncountygov.com/Departments/Personnel/PersonnelHomePage.htm>

A summary of NYS Civil Service Laws are on the NYS Civil Service website.

APPOINTMENTS

1. **Permanent** – Permanent appointments in the competitive class are made from eligible lists established as a result of competitive examinations. Permanent appointments are also made to non-competitive, exempt, and labor classes. Permanent appointments are subject to probationary periods. A permanent appointment cannot be terminated, interrupted or discontinued except in accordance with the laws, rules and regulations governing the classified service.
2. **Contingent-Permanent** – Contingent-permanent appointment is a competitive class appointment made from an eligible list to a position, which is permanently encumbered by another employee. Although the contingent-permanent appointee serves a probationary period in the same manner as a permanent employee, full permanency cannot be gained until the position becomes unencumbered. A detailed definition is in our Civil Service Rules, Rule 16(5).
3. **Provisional** – In the event a vacancy occurs in the competitive class, for which no eligible list exists, the position may be filled by a qualified applicant on a provisional basis. The provisional employee must compete in a civil service examination and be reachable when an eligible list is established.
4. **Temporary** – Temporary appointments are made to either replace an employee who is on a leave of absence, to fill a position established for a short duration, to replace a person while they are serving probation in another position or, in some circumstances, to fill a position vacated by an employee who accepts a provisional appointment. Successive temporary appointments shall not be made to the same position.

The Personnel Director must approve an extension to a temporary appointment. A Temporary Extension Request Form must be completed when a position is going to continue beyond a six-month period. Civil Service Law Section 64 outlines guidelines for all temporary appointments.

Temporary appointments to competitive-class positions are subject to the following durations:

- Not exceeding three months- selection can be made without regard to existing eligible lists.
- Exceeding three months but not exceeding six months- selection must be made from an appropriate eligible list without regard to ranking on the eligible list.
- Exceeding six months- selection must be from a Certified Eligible List issued by our office showing those available for selection from the appropriate eligible list.

5. **Part-time** - This definition is used by Civil Service solely for the purpose of jurisdictional classification of positions, where a position is other than competitive when part-time but competitive when filled on more than a part-time basis. Part-time is defined by Civil Service as employment or combination of one or more employments in a civil division in which an individual works fifty percent or less of the time prescribed as the standard work week by the governing body or other appropriate authority of the civil division or wherein the employee earns not more than one half (1/2) of the rate assigned to the position if the position has been allocated to a graded salary schedule.

JURISDICTIONAL CLASSIFICATION

The following jurisdictional classifications are in the classified service:

1. **Exempt** – Positions for which competitive or non-competitive examinations or other qualification requirements are not practicable. A listing of exempt class titles appears in Appendix A of the Civil Service Rules for Clinton County.
2. **Labor** – Includes unskilled workers. A position may be filled by the appointment of any person selected by the appointing officer of the agency where a vacancy exists. The Director requires applications for appointments in the labor class. A listing of labor class titles appears in Appendix C of the Civil Service Rules for Clinton County.
3. **Non-Competitive** – The Personnel Director establishes minimum qualifications. An application for appointment shall state the qualifications of the nominee and shall be filed by the appointing authority with the Director. A listing of non-competitive class titles appears in Appendix B of the Civil Service Rules for Clinton County.
4. **Competitive** – Positions that require a Civil Service Examination and appointment from an appropriate eligible list. If the title is not listed in the appendix of our Civil Service Rules, then the classification of the position is competitive class.

Some titles change jurisdictional classification depending on their status (part-time or full-time). For example, a part-time Typist is non-competitive class, and a full-time Typist is competitive class. When a title is listed in the appendices as part-time (PT) that title becomes competitive when classified as full-time.

A nominee completes an application form so that the qualifications can be reviewed. Non-competitive, labor and competitive class titles have position descriptions, which outline the minimum qualifications. Visit our website for current position descriptions.

EXISTING POSITIONS

Each employee in your agency is hired in a specific Civil Service title. We can provide you with a listing showing the Civil Service titles we have for your active employees.

CREATING POSITIONS

To create a new position, you must complete a New Position Duties Statement (NPDS). On the NPDS, you must describe in detail all the duties of the position and the percentage of time spent on each duty. The Personnel Director will title the position and return the form for your approval. The position is created and assigned a position control number when the original is approved by the appointing authority and returned.

To create an already established entry-level position, use the form Request for Additional Position(s) In An Already Established Entrance-Level Classification. This form is used only for entry-level titles that are already established within your agency. This form requires agencies to attach a Civil Service job description found on our website.

For civil divisions, other than Clinton County Departments, it is *not* necessary for us to keep track of the position status as either part-time or full-time, for positions that do not change jurisdictional class. Example: Cleaner is Labor Class whether part-time or full-time.

The appendices of the Civil Service Rules for Clinton County list jurisdictional classification. If a title does not appear within the appendices, it is classified as competitive class. Position descriptions located on our website, also indicate the jurisdictional classification.

Departments within Clinton County and other civil divisions may also need to obtain Committee and/or Board approval before creating positions. In addition to the forms mentioned in this manual, county departments must also complete personnel committee forms available on the Clinton County Intranet.

VACANT POSITIONS

Positions in your agency that become vacant remain in our records for five years and then are inactivated. We can provide you a listing of your vacant positions.

Departments within Clinton County must obtain backfill approval prior to filling positions. Vacant county positions are inactivated after one year.

REVIEW OF ESTABLISHED EXEMPT CLASS POSITIONS

When a vacancy occurs in the exempt class, the Personnel Director must evaluate the position and determine if it is still properly classified. Before an agency rehires, a Review of Established Exempt Class Position Form must be completed.

MONITORING HOURS

Hours must be monitored for employees working in one or more titles that are non-competitive when part-time and competitive when full-time.

We will provide you a chart indicating the maximum number of hours these employees are allowed to work in your fiscal year. The chart should be submitted to our office on a quarterly basis. It is your responsibility to ensure that these employees do not work beyond the allowable hours.

RECLASSIFICATION OF EXISTING POSITION

If the duties of a position change, the position should be reclassified. A reclassification form can be completed by an employee who thinks they are working out of title or by an appointing authority who decides to reclassify an existing position.

Departments within Clinton County must obtain approval from the Personnel Committee to reclassify a position. County departments must also complete additional personnel agenda forms, available on the County Intranet.

FILLING POSITIONS

MINIMUM QUALIFICATIONS

When filling an existing vacancy, review the position description. Position descriptions indicate the duties and the minimum qualifications and are available on our website.

If you would like to have the position description revised, send a written request to the Personnel Director explaining any changes in the duties and/or minimum qualifications and the reason for your request. A position description is used by several different agencies; some duties listed may not pertain to your agency but will to others. We may have to contact agencies using the title for their input and/or approval before a position description is revised.

1. Other than competitive-class titles

You should accept and review applications for minimum qualifications and special requirements. Send applications of candidates that you are interested in hiring to our office for review and approval prior to appointment.

If you appoint a candidate we determine is not qualified for a position, you will have to rescind the appointment.

It is your responsibility to ensure that licenses or certificates required for an appointment remain current.

2. Competitive-class titles

- a) If you want to fill a competitive-class position, check with us to see if there is an active eligible list (including a comparable preferred list or an agency promotional list). If a list exists, submit a Certification Request Form.
- b) If no list exists for the title you are trying to fill, you can accept applications for a provisional appointment.
- c) Transfer or Reinstatement: When an agency recruits for a permanent competitive-class position, we can post the vacancy on our website. Individuals that are interested in a transfer or reinstatement may contact you. Refer to Civil Service Rules 17 and 18.

If you are interested in pursuing a transfer or reinstatement, you must get a letter of interest from the candidate, forward their letter to our office, along with your written request to pursue the transfer/reinstatement. Prior to appointment, the Personnel Director must approve the transfer.

d) New York State Civil Service Law, Section 55a, and Civil Service Rules for Clinton County allows disabled applicants to be appointed on a non-competitive basis to certain entry-level competitive-class titles.

When you complete a Certification Request Form you may request the posting be available on our website for 55a candidates (if entry level position) or for transfer candidates.

The following link <http://www.acces.nysed.gov/> provides information for Adult Career and Continuing Education Services –Vocational Rehabilitation.

County departments must provide us a copy of their posting and/or advertisement for a vacancy. Information to include: Civil Service title, department, minimum qualifications, residency requirements, salary, status, reply by date, EOE and ADA compliance.

PROBATIONARY PERIODS

Except as otherwise provided in Civil Service Rule 14, every permanent appointment from an open-competitive list and every permanent appointment to a position in the non-competitive, exempt or labor class shall serve a probationary term of not less than eight (8) nor more than fifty-two (52) weeks.

The minimum and maximum lengths of probationary periods differ for promotions, trainee positions, Police Officers, Deputy Sheriffs, and other titles specifically outlined in Civil Service Rule 14.

Upon written notice by an appointing authority, probationary terms for promotions may be waived.

Employees who are provisional or temporary do not serve probationary periods.

RESIDENCY

Candidates must be legal residents of Clinton County for thirty continuous days up to and including the examination/appointment date. Civil Service Rule 7 outlines residency requirements. If residency for a new hire is in question, an Affidavit of Residency Form along with supporting documentation will be requested.

If your agency experiences recruitment difficulties, submit a written request explaining your recruitment efforts. The Personnel Director will decide if residency can be waived for your appointment.

APPLICATIONS

The following types of application forms can be used for appointments:

- Clinton County Application for Examination or Employment
- Clinton County Application for Promotional Examination or Employment
- Use of Application on File for Appointment
- Combination Form Application/Report of Personnel Change Form

When accepting applications, review for accuracy and completeness.

If a candidate is applying for a position that has minimum qualifications, the candidate must attach to their application documentation required to prove minimum qualifications.

If rehiring someone, check with us to see if the form, Use of Application on File for Appointment can be used.

When filling a position with no work experience required for minimum qualifications, use the Combination Form Application/Report of Personnel Change Form.

If you are not sure which form to use or need a form, contact our office for assistance.

REPORT OF PERSONNEL CHANGE FORMS (RPCF)

In order for us to maintain accurate, official employee rosters, and for the purpose of payroll certification, appointing officers must report personnel actions as they occur on a Report of Personnel Change Form (RPCF).

Civil Service Rule 21 outlines the types of actions appointing authorities must report to our office. *Some* of the most common actions are:

- Appointments
- Terminations
- Resignations
- Retirements
- Leaves without pay
- Salary changes
- Promotions
- Demotion

Retirement membership is mandatory for permanent and contingent-permanent full-time, twelve-month employees. Report either the employees' retirement number or optional on the RPCF.

The Report of Personnel Change Form is divided into three sections. The top of the form must be fully completed with the employees current title, and salary. The middle of the form is completed showing the action and effective date. The right-hand column, Necessary Action By Appointing Authority, indicates additional instructions.

The bottom of the form allows appointing authorities to add remarks explaining the type of action being reported. The form must be signed in the lower right-hand corner. The probationary period section should be completed for appointments in accordance with Civil Service Rule 14.

The Report of Personnel Change Form is forwarded to agencies upon request.

SIGNATURE AUTHORIZATION

Appointing authorities may give written authorization for employees to sign on their behalf.

We can issue you an authorization form for your use.

EXAMINATIONS

Examinations are called for in anticipation of a vacancy or at the time of a provisional appointment. New York State Civil Service may only offer examinations on a yearly basis. Current examination announcements are posted on our website.

TYPES

1. **Open-Competitive Examinations** are open to anyone who meets the minimum qualifications.
2. **Promotional Examinations** are offered to existing employees in an agency who meet the promotional qualifications.
3. **Non-Competitive Promotional Examinations** are given for only one candidate. To qualify for a Non-Competitive Promotional Examination there can be no more than three qualified eligible candidates in the department/agency.
4. **Continuous Recruitment Examinations** are those for which we accept applications at any time. There is no specified closing date and the examination date is scheduled by our office on a bi-annual basis.

CANVASS

After scores are received for an examination, an eligible list is established. We send candidates e-mail notification of their scores. Passing candidates may also be sent a canvass to indicate their interest or non-interest in a current vacancy for a specific agency.

ELIGIBLE LIST

Names of passing candidates are placed on an eligible list that is established for four years. An eligible list may expire, or be exhausted, prior to the four-year period.

Eligible lists for Continuous Recruitment Examinations are established for two years. The scores for these examinations, regardless of examination date, are interfiled with existing candidates' scores to form a constantly changing eligible list.

Promotional eligible lists must be exhausted prior to using an open-competitive eligible list.

When filling a competitive-class position, complete a Certification Request Form. Complete the form fully and indicate your agencies residency preference; and if you are interested in having us post the vacancy on our website.

CERTIFICATION OF ELIGIBLES

After we receive your request, we will issue a Certification of Eligible List (CEL); Civil Service Law allows for two more names on the CEL than the number of vacancies you are filling.

Please review any notes we put pertaining to the appointment on the top of the CEL.

Appointments must be made within the two-month period indicated on the CEL. You must send us the appointment on the CEL, along with a Report of Personnel Change Form. We will use the examination application on file so that you do not have to forward another application with the appointment paperwork.

When you have a provisional appointee in your agency a CEL must be issued, so that a permanent appointment from the Eligible List can be made.

DECLINATIONS

Candidates listed on the CEL who decline your position must complete a Declination Form. If you receive declinations that result in fewer than three interested candidates, you can request a new CEL. Return the original CEL, signed, dated, and marked “No Action Taken” with the declination forms and request a new CEL.

NON-SELECTION LETTER

It is your responsibility to send written notification of non-selection to candidates. We send you a non-selection notification letter each time we issue a CEL with more than one name. On the reverse of the non-selection letter are samples you can use for your notification letters.

PAYROLL CERTIFICATION

Civil Service Law requires that payrolls for certification be received from each civil division annually. The Personnel Director can request additional payrolls to certify throughout the year. For employees paid by voucher, the voucher must be submitted for certification.

Civil Service Rule 22 outlines when payroll certification is required:

- County Departments - the first pay period in January.
- City of Plattsburgh - the first full payroll in February.
- Towns - the first full payroll in March.
- Villages - the first full payroll in August.
- School Districts - the first full payroll in October.
- All other agencies - the first full payroll in August.

The following information must be on your payroll and/or voucher and must agree with the information we have on file:

- Full name of employee
- Civil Service title
- Salary (hourly or yearly - the rate reported to us)
- Retirement number
- Signed certification

TEMPORARY AND WITHHELD CERTIFICATION

Civil Service Rule 22 outlines the Personnel Director's authority when certifying the payroll. If the Personnel Director requires further information in order to make a final determination, a temporary certification may be made for discrepancies on a payroll. The appointing authority must submit any requested information to resolve the discrepancies noted and submit a new payroll for certification.

If the information is not forthcoming during the temporary certification, formal exception(s) will be taken on the payroll item(s). When exception(s) are taken and certification is withheld, the disbursing or fiscal officer cannot legally pay the employee(s) in question.

Following is a summary of Civil Service Laws 100-102 pertaining to payroll certification:

In accordance with Section 100 of Civil Service Law:

“Except as otherwise provided in this section, no disbursing or auditing officer of the state or of any civil division thereof shall approve or pay or take any part in approving or paying any salary or compensation for personal service to any person holding an office or position in the classified service unless the voucher or payroll therefore bears the certificate of the civil service department or municipal commission having jurisdiction that the persons named therein are employed in their respective positions in accordance with law and rules made pursuant to law...”

In accordance with Section 101 of Civil Service Law:

“Any officer who shall willfully pay or authorize the payment of salary or compensation to any person in the classified service with knowledge that the state civil service department or appropriate municipal civil service commission has refused to certify the payroll, estimate or account of such person, or after due notice from such department or commission that such person has been appointed, employed, transferred, assigned to perform duties or reinstate in violation of any of the provisions of this chapter or the rules established there under, shall be guilty of a misdemeanor.”

In accordance with Section 102 of Civil Service Law:

“Any sums paid contrary to the provisions of section one hundred of this chapter may be recovered from any officer by whom the person or persons receiving the same were appointed in violation of the provisions of law and of the rules made in pursuance of law, or any officer signing or countersigning or authorizing the signing or countersigning of any warrant for the payment of the same...”

DISCIPLINARY PROCEDURES

If the conduct or performance of a probationer is not satisfactory, his/her employment may be terminated at any time after the completion of the minimum period of service, and on or before completion of the maximum period of service in the manner prescribed in the Civil Service Rules. The supervisor is responsible, from time to time, during the probationary term, to advise the probationer of his/her status and progress. Refer to Civil Service Rule 14 for procedures to follow regarding probationary terms. Check with us before terminating an employee to be sure all proper procedures have been followed. The termination of an employee must be reported to us on a Report of Personnel Change Form with an explanation of the termination procedures in the Remarks Section.

Section 75 of New York State Civil Service Law outlines which permanent employees have rights; what procedures to follow when suspending, removing or disciplining employees. Agencies should work closely with their attorneys.

LAYOFF PROCEDURES

Civil Service Rule 25, New York State Civil Service Laws 80 and 81 outline the procedures to follow when there is a layoff in a competitive-class title. In addition, Clinton County has a Layoff Policy. A booklet for Municipal Employees Affected by Layoff is available on our website.

When there is a layoff situation for competitive class employees, contact us immediately. A letter and resolution indicating the specific titles affected, the hours of positions affected, and date of layoff is required. The abolition of positions does not necessarily mean the termination of employment of the incumbents of those particular positions.

We will canvass individuals who may be affected by the layoff to obtain additional information required to establish a seniority roster; we will provide civil divisions with the seniority roster. The civil division must notify the employees affected by the layoff. Employees that are affected by the layoff must be reported to us on a Report of Personnel Change Form.

When the above process has been completed and we have received notification, we establish appropriate preferred list(s). Competitive-class employees who are laid off will be placed on preferred lists for a four-year period. An appropriate preferred list certification is issued for filling a vacancy before any other eligible list.

Alphabetical listing of forms

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**CLINTON COUNTY DEPARTMENT OF PERSONNEL
AFFIDAVIT OF RESIDENCY**

NAME: _____
 (LAST) (FIRST) (M.I.)

SOCIAL SECURITY NUMBER: _____

*LEGAL RESIDENCE: _____

LENGTH OF TIME AT ABOVE RESIDENCE: _____

MAILING ADDRESS, IF DIFFERENT: _____

HOME PHONE: _____

BUSINESS PHONE: _____

SCHOOL DISTRICT: _____

TOWN: _____ CITY: _____

TITLE OF EXAM FOR WHICH YOU'VE APPLIED: _____

ATTACH COPIES OF THE FOLLOWING AS VERIFICATION OF THIRTY-DAY RESIDENCY IN CLINTON COUNTY:

1. A copy of your voter registration card verifying your Clinton County address; OR
2. Copies of both (a) and (b) below; OR
3. Copies of either (a) or (b) AND one of either (c), (d), (e) or (f) below

FOR (b) through (f) SUBMIT ONLY THAT PORTION SHOWING YOUR NAME AND ADDRESS INDICATING RESIDENCY IN CLINTON COUNTY:

- (a) New York State driver's license indicating residency in Clinton County
- (b) New York State income tax form
- (c) Recent utility bill
- (d) Lease
- (e) Mortgage
- (f) Last Will and Testament

*The term "residence" shall be deemed to mean that place where a person maintains a fixed, permanent and principal home and to which he wherever temporarily located, always intends to return.

ANSWER QUESTIONS ON THE REVERSE SIDE

- 1.) Are you registered to vote in Clinton County? YES NO
- 2.) Do you possess a New York State driver's license indicating residency in Clinton County? YES NO
- 3.) Do you file a New York State income tax form indicating residency in Clinton County? YES NO
- 4.) If no to (3) above, are you claimed as a dependent on someone else's income tax? YES NO
- 5.) In which state do you file an income tax form? _____
- 6.) Do you claim any other address as your permanent legal address? YES NO
- 7.) If yes to (6) above, indicate your permanent legal address:

"I AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND I UNDERSTAND THAT THIS APPLICATION WILL BE ACCEPTED FOR ALL PURPOSES AS THE EQUIVALENT OF AN AFFIDAVIT, AND IF IT CONTAINS A MATERIALLY FALSE STATEMENT, SHALL SUBJECT ME TO THE SAME PENALTIES FOR PERJURY AS IF I HAD BEEN SWORN."

SIGNATURE

DATE

CLINTON COUNTY APPLICATION FOR EXAMINATION OR EMPLOYMENT

LAST NAME: _____	FIRST NAME: _____	MI: _____	POSITION TITLE: _____	EXAM #: _____
SOCIAL SECURITY #: _____			ONCE APPLICATION IS COMPLETE: SUBMIT APPLICATION TO DEPT. OF PERSONNEL 137 MARGARET ST., ROOM 212, PLATTSBURGH, NY 12901 PHONE: (518) 565-4676 WEBSITE: www.clintoncountygov.com COMPLETING THIS APPLICATION CORRECTLY IS CONSIDERED PART OF YOUR EXAM AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL – PRINT IN INK OR TYPE ALL STATEMENTS ARE SUBJECT TO VERIFICATION - KEEP A COPY FOR YOUR RECORDS	
STREET/CITY/ZIP: _____				
LEGAL RESIDENCE IF DIFFERENT THAN ABOVE: _____				
HOME PHONE: _____	CELL: _____			
E-MAIL ADDRESS: _____			Are you under 18 ? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth (MM/DD/YYYY): _____ If under 18, do you possess the appropriate Student General Employment Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/> (attach a copy if required for the position)	
Has your permanent, legal residence been in Clinton County 30 continuous days (up to exam/appointment date)? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, indicate the county of your permanent, legal residence: _____			Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, do you have the legal right to accept employment in the US? YES <input type="checkbox"/> NO <input type="checkbox"/> Non-citizens will be required to provide proof establishing identity and eligibility for employment in the US.	
SPECIAL ARRANGEMENTS FOR CIVIL SERVICE EXAM: If you need special arrangements in order to participate in this exam, you must notify this agency by EITHER indicating the special arrangements you require below or in writing to this agency no later than the last date of filing for this exam. Your request must include exam title and number and the type of special arrangements required. If your request involves a medical condition, provide documentation from your physician explaining the need for your request.			ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER? YES <input type="checkbox"/> NO <input type="checkbox"/> Dates served: _____ to _____ (MM/DD/YYYY)	
			VETERAN INFORMATION	
			Are you a veteran ? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you wish to claim war time veterans' credits for this exam? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, you MUST complete an Application for Veterans' Credits.	
			ADDITIONAL QUESTIONS	
			Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you ever resign from any employment rather than face dismissal? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been convicted of any crime (felony or misdemeanor)? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you now under charges for any crime? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			If you answered YES to any of these questions, provide details in REMARKS on the back page. Your failure to answer any of these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.	
CONFLICTING EXAMS: I have applied for a NYS Civil Service Exam or another Local Exam being offered on the same day YES <input type="checkbox"/> NO <input type="checkbox"/> (See Back Page) Indicate conflict here: _____			THIS AFFIRMATION MUST BE SIGNED: I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury.	
FOR CIVIL SERVICE USE ONLY: APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>			SIGNATURE OF APPLICANT: _____ DATE: _____	
			LIST ANY OTHER NAME(S) BY WHICH YOU HAVE BEEN KNOWN: _____	
			HOW DID YOU LEARN ABOUT THIS POSTION/EXAM? _____	

EDUCATION: Read the exam announcement for specific educational requirements. If specialized coursework is required, attach a copy of your transcript or a list of the required courses and the number of credit hours you completed.

Do you have a high school of equivalency diploma: YES NO

If YES, indicate the name and address of high school or issuing governmental authority:

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL(S):	TYPE OF DEGREE AWARDED	DID YOU GRADUATE? YES/NO	DEGREE EXPECTED MO/YR
Name:			
Address:			
Name:			
Address:			

LICENSE OR CERTIFICATION: Complete the following if a license, certificate or other authorization to practice a trade or profession is required on the exam announcement. If you are not currently licensed check here:

TRADE OR PROFESSION:	LICENSE NUMBER:	DATE LICENSE FIRST ISSUED:	REGISTRATION PERIOD: FROM (MO/YR) TO (MO/YR)
SPECIALTY:	LICENSING AGENCY NAME AND ADDRESS:		

DESCRIBE YOUR WORK EXPERIENCE: Beginning with the most recent, list all employment, military service, or volunteer experience that proves you meet the minimum qualifications for the exam. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. For DUTIES describe the nature of the work which you personally performed. If you supervised, state how many people and the nature of such supervision. **A resume will not be accepted as substitute for providing the below information.**

1. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID VOLUNTEER	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
DUTIES:				

2. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID VOLUNTEER	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
DUTIES:				

SUBMIT DOCUMENTATION TO PROVE MINIMUM QUALIFICATIONS LISTED ON THE EXAM ANNOUNCEMENT OR POSITION DESCRIPTION.

3. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID VOLUNTEER	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
DUTIES:				

4. DATES WORKED MO/YR TO MO/YR	CHECK ONE: PAID VOLUNTEER	HOURS WORKED PER WEEK (NO OVERTIME):	YOUR TITLE	SUPERVISOR'S NAME/TITLE
FIRM NAME/TYPE OF BUSINESS/ADDRESS/PHONE				
DUTIES:				

DO YOU HAVE ANY OBJECTION TO THE PERSONNEL OFFICE OR MUNICIPALITY/DEPARTMENT CONTACTING PAST OR PRESENT EMPLOYERS TO VERIFY THE ABOVE INFORMATION? IF SO, PLEASE EXPLAIN:

REFERENCES (List below two professional and one personal reference):

NAME	TITLE OR ASSOCIATION	ADDRESS	PHONE

**ATTACH ADDITIONAL 8.5" x 11" SHEETS IF NECESSARY
INCLUDE EVERY DETAIL REQUIRED IN THE EXPERIENCE SECTION**

INSTRUCTIONS AND INFORMATION

EQUAL OPPORTUNITY: The New York State Human Rights Law prohibits discrimination in employment because of age, creed, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status, or criminal record. Accordingly, nothing in this application should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, color, national origin, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status, criminal record, or any other characteristic protected by the New York State Human Rights Law or other applicable federal and state laws and regulations in connection with employment by Clinton County. Clinton County is an equal opportunity employer.

ANNOUNCEMENT OF EXAMINATION

Before filling out your application, read the exam announcement carefully. Enter the exam title and number on the front page of this application.

ADMISSION TO EXAMINATION

Do not interpret a notice to appear for, or actual participation in the exam, to mean that you have been found to meet fully the announced requirements.

Depending on the time available before an exam, applicants may be admitted to the exam on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the exam is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will **NOT** be notified of their score.

Call this agency immediately if you do not receive a notice within three days of the date of the exam informing you whether or not you are to be admitted to the exam.

CONFLICTING EXAMS

If you have applied for any other civil service exam to be given on the same test date for employment with NYS or other local government jurisdictions, excluding NYC, you must make arrangements to take all the exams at one test site. Be sure to check "YES" in the Conflicting Exams Section on the first page of your application. Indicate the titles of the exams you are scheduled to take and whether they are offered by another Local agency or the State. If you are taking two Local exams, indicate in which county you want to take the exams. If you are taking a Local and a State exam, you must take the exams at the State site. Call our office at 518-565-4676 no later than 2 weeks prior to the exam date to confirm that arrangements have been made for you to take all exams at one test site.

POLICE OFFICER OR FIREFIGHTER SURVIVOR CREDITS

Per section 85-a of Civil Service Law, children of firefighters or police officers killed in the line of duty shall be entitled to receive an additional ten points in a competitive exam for which they qualify for original appointment in the same municipality in which his/her parent served. The parent is deemed to have "served" in a municipality of he/she was employed by or worked primarily in that municipality. If you qualify, inform this office when you submit your application for exam. A candidate claiming such credit has a minimum of 2 months from the application deadline to provide the necessary documentation to verify additional credit eligibility. No credit may be added after establishment of the eligible list.

VETERANS CREDITS

If you are currently in the Armed Forces on full-time active duty other than for training, or if you are a war time veteran, you may be eligible for extra credits added to the passing score of an exam. For detailed information, refer to the manual Clinton County Veterans' Rights for Exams available in our office or on our website: <http://www.clintoncountygov.com/employment>

BACKGROUND INVESTIGATION

Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Fingerprints to be used in performing the background checks would be collected from applicants pursuant to regulations promulgated by the DCJS, which will perform the State background check. DCJS will also submit the fingerprints to the FBI for the completion of the national background check. Individuals found to have criminal histories that bar their appointment to the position sought would then be disqualified by the municipal civil service agency pursuant to Section 50(4) of the Civil Service Law.

CHANGE OF ADDRESS

Notify this agency immediately of any change of address.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

MSD 330

REVISED 06/2022

REMARKS: (Use this space to provide additional information)

LAST NAME:	FIRST NAME:	SOCIAL SECURITY #:	MAILING ADDRESS

CLINTON COUNTY APPLICATION FOR PROMOTIONAL EXAM/APPOINTMENT

EXAM TITLE: _____ EXAM #: _____ EMAIL: _____

YES NO I have applied for a NYS Civil Service Exam or another Local Exam being offered on the same day, excluding New York City. Indicate the titles of the exams and whether they are offered by another Local agency or the State. If you are taking two Local exams, indicate in which county you want to take the exams. If you are taking a Local and State exam, you must take the exams at the State site.

YES NO Would you like to claim War Time Veterans Credits for this exam? If YES, you MUST complete an Application for Veterans' Credits.

YES Under penalties of perjury, I affirm that all information concerning my exempt volunteer firefighter status, veteran status, citizenship, arrests and convictions, dismissal from employment, and discharge from the Armed Forces listed on my application on file is current and accurate.

If not current and accurate, I am providing the following updated information and affirm it is true and accurate. _____

If you need special arrangements in order to participate in this exam, you must notify this agency by **EITHER** indicating the special arrangements you require below **OR** writing to the Clinton County Department of Personnel, 137 Margaret St., Plattsburgh, NY 12901, no later than the last date of filing for this exam. Your request must include exam title and number and the type of special arrangements required. If your request involves a medical condition, provide documentation from your physician explaining the need for your request.

THE FILING FEE OF \$12.50 WILL NOT BE REFUNDED IF YOUR APPLICATION IS DISAPPROVED.

SIGNATURE

DATE

FOR CIVIL SERVICE USE ONLY:

FEE: PAID WAIVED RECEIPT # _____ DATE RECEIVED: _____ RECEIVED BY: _____

APPROVED DISAPPROVED



CLINTON COUNTY DEPARTMENT OF PERSONNEL

137 Margaret Street, Suite 212, Plattsburgh, NY 12901

Personnel Director
Kim Kinblom
Phone 518-565-4646
Fax 518-565-4679

Email- Kim.Kinblom@clintoncountygov.com

TO: Clinton County Department of Personnel

RE: Use of Application on File for Appointment

I, _____, residing at _____,
_____, in the County of _____,

for _____ continuous days, months, years and would like to use my approved application on file
(circle one above)

for the title of _____, for a new appointment to the
title of _____ in the following agency: _____.

- I have reviewed the position description for this appointment (clintoncountygov.com) and have attached documentation or additional information, as necessary, to show I meet the minimum qualifications.
- Under penalties of perjury, I affirm that all information concerning my exempt volunteer firefighter status, veteran status, citizenship, arrests and convictions, dismissal from employment, and discharge from the Armed Forces listed on my application on file is current and accurate.
- I affirm the information provided in this memo including all attachments is current and accurate.
- I am providing the following updated information for this appointment and affirm it is true and accurate:

Signature

Today's Date

TO BE COMPLETED BY PERSONNEL DEPARTMENT

- Verified current job specification and determined applicant meets minimum qualifications.
- Verified applicant meets Clinton County Residency for thirty (30) days immediately preceding appointment date, unless the Director has waived or reduced residency requirements.
- Verified application on file and re-approved (initialed/dated) application.

CLINTON COUNTY APPLICATION FOR EMPLOYMENT

THIS FORM MAY BE USED FOR TITLES THAT DO NOT REQUIRE WORK EXPERIENCE AS A MINIMUM QUALIFICATION. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

APPLICATION TO BE COMPLETED BY EMPLOYEE

Last Name: _____ First Name: _____ MI: __ Social Security #: _____

Address of legal residence: _____

Home Phone: () _____ Business Phone: () _____ Cell Phone: () _____

List any other LAST names by which you have been known: _____

YES NO Has your permanent, legal residence been in Clinton County 30 continuous days up to and including appointment date?

If NO, indicate the county of your permanent legal residence: _____

YES NO Are you under 18? If YES, attach the appropriate Student General Employment Certificate if required.

YES NO Are you a citizen of the United States? If NO, attach proof of eligibility for employment in the US.

YES NO Are you an exempt volunteer firefighter?

YES NO Are you a veteran?

ADDITIONAL QUESTIONS

YES NO Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

YES NO Did you ever resign from any employment rather than face dismissal?

YES NO Did you ever receive a discharge from the Armed Forces of the United States which was other than Honorable" or which was issued under other than honorable conditions?

YES NO Have you ever been convicted of any crime (felony or misdemeanor)?

YES NO Are you now under charges for any crime?

YES NO Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

If you answered YES to any of the above ADDITIONAL QUESTIONS please provide details below:

Applicants may be required to undergo and pay for a state and national criminal history background investigation, which includes a fingerprint check, to determine suitability for appointment.

This affirmation must be signed: I affirm that the statements made on this application (including any attachments) are true under the penalties of perjury. Attach supporting documentation to prove minimum qualifications listed on the position description.

Signature of Applicant: _____ Date: _____

REPORT OF PERSONNEL CHANGE FORM TO BE COMPLETED BY COUNTY AGENCY

Date: _____ Agency: _____

Position Control # _____ Salary: _____

If minimum and/or maximum age limits are established for the position enter date of birth: _____

Title: _____ Hire Date: _____ End Date: _____

Permanent Full-Time

Temporary Full-Time

Temporary On-Call

Permanent Part-Time

Temporary Part-Time

NYS Retirement # _____ **OR** Optional / Membership Declined

Print Name of Appointing Officer: _____

Signature of Appointing Officer: _____ Date: _____

TO BE COMPLETED BY CLINTON COUNTY PERSONNEL DEPARTMENT

It is hereby certified that the employee listed on this Personnel Report has been employed in accordance with Civil Service Rules.

Unless changes occur, the salary payments listed are certified through your agencies fiscal year.

Approval Date: _____

Approved By: _____



CLINTON COUNTY DEPARTMENT OF PERSONNEL

REQUEST FOR A CERTIFICATION OF ELIGIBLE LIST (CEL)

1. Describe your vacancy:

Confirm the number of vacancies you wish to fill in your department. If necessary, you may need to create new positions, via a MSD-222, New Position Duties Statement. Check with the Personnel Department to determine if an active Eligible List exists for the vacancy title. Note: Only when preferred lists & promotional lists are exhausted, could the open competitive list be issued for your vacancy.

Vacancy title: _____ Number of vacancies you wish to fill #: _____

Reason position became vacant: New ___ Retirement/Resignation ___ Promotion ___ Other _____

Last Person in position: _____ Date position became vacant: _____

Salary: _____ Indicate yearly recruiting rate/range, if permanent. Indicate hourly rate, for temporary/part-time.

Residency preference is established and will be required by your agency when filling this vacancy: Yes ___ No ___
(Example: Residency preference for a Civil Division: School residency preference, City of Plattsburgh preference....)

2. Indicate the status of your vacancy. Refer to reverse side for a description of the types of appointments:

Permanent FT ___ Permanent PT ___ Contingent-Permanent ___ Temporary ___
of hours _____ a week Duration _____

3. Complete & Sign this Section:

CEL

___ Check here if you would like the Certification of Eligibles (CEL) issued without a canvass conducted by Personnel.
(or)

Canvass Process then a CEL

___ Check if you would like Personnel to canvass the Open Competitive Eligible List for the vacancy you indicated. The canvass process takes approximately seven to ten days, and then a Certification of Eligible List (CEL) is issued to your agency for consideration of the top candidates willing to accept appointment based on the salary, status and location you indicated.

Website

___ Check if you would like the above vacancy posted on the Personnel website. Interested candidates would submit his/her application directly to the email indicated below for consideration. Note: This would be if you would like to accept applications for 55A-entry level applicants, transfer or reinstatement applicants.

Agency/Department with Vacancy: _____ Today's Date: _____

Contact Person & Title: _____ Contact Phone Number: _____

Email: _____ Signature Appointing Authority: _____

Department of Personnel Action:

- 1 Verify vacancy (if County – also check if backfill approved, if posted in-house and posted on the intranet site)
- 2 Verify and review accuracy of request
- 3 Verify if there is a Preferred List ___ or a Promotional List ___ or there is only an ___ Open Competitive List
- 4 Initial _____ & date _____

Rev: 9-2018

CLINTON COUNTY DEPARTMENT OF PERSONNEL
REVIEW OF ESTABLISHED EXEMPT CLASS POSITION

Agency: _____ Title: _____

Last Employee in Position: _____ Position Control #: _____

In accordance with Section 41(2) of Civil Service Law: No office or position shall be deemed to be in the exempt class unless it is specifically named in such class in our Clinton County Civil Service Rules. When a vacancy occurs in the exempt class, the Personnel Director shall study and evaluate the position and determine whether it is properly classified in the exempt class.

ACTION BY DEPARTMENT HEAD/APPOINTING OFFICER:

In accordance with Section 41(1) of Civil Service Law the following officers and positions shall be in the exempt class. Please check the criteria below you believe qualifies for the above title to be exempt class. See Clinton County Civil Service Rules - Appendix A - for all Exempt Class titles.

- Deputy or principal executive officers authorized by law to appoint to act generally for and in place of their principals;
- One secretary of each municipal board or commission authorized by law to appoint a secretary;
- One clerk and one deputy clerk authorized by law, or each court, and one clerk of each elective judicial officer, and also one deputy clerk, if authorized by law, or any justice of the supreme court;
- Subordinate offices or positions for the filling of which competitive or non-competitive examination may be found to be not practicable. Please list your justification below:

Signature of Appointing Authority: _____ Date: _____

Return Completed Form to: Clinton County Personnel, 137 Margaret Street, Plattsburgh, NY 12901

The original document will remain in the Personnel Office.

Check here if you would like to receive a signed copy.

ACTION BY CLINTON COUNTY DEPARTMENT OF PERSONNEL

DISAPPROVED The Personnel Director has determined that the position no longer meets the criteria for placement in the Exempt Class. The position will be classified as competitive class unless the jurisdiction submits justification for classification other than competitive class.

APPROVED The Personnel Director has determined that the position still meets the criteria for placement in the Exempt Class.

Signature of Personnel Director: _____ Date: _____

VERIFICATION OF HOURS WORKED

USE THIS CHART TO KEEP TRACK OF THE HOURS WORKED FOR INDIVIDUALS WORKING IN ONE OR MORE TITLES THAT ARE NON-COMPETITIVE WHEN PART-TIME AND COMPETITIVE WHEN FULL-TIME.

IF WORK WEEK IS 35 HOURS - MAXIMUM TIME ALLOWED IS 910 HOURS PER FISCAL YEAR
 IF WORK WEEK IS 37.5 HOURS - MAXIMUM TIME ALLOWED IS 975 HOURS PER FISCAL YEAR
 IF WORK WEEK IS 40 HOURS - MAXIMUM TIME ALLOWED IS 1040 HOURS PER FISCAL YEAR

NAME: John Smith

AGENCY: Peru School

FISCAL YEAR: 2013

MONTH WORKED	ENTER ZEROES WHEN APPROPRIATE			TOTAL HOURS
	HOURS WORKED	HOURS WORKED	HOURS WORKED	
	Typist	Custodial Worker	TITLE	
	Part-time	Part-time	STATUS	
October	5	10		15
November	8	15		38
				38
				38
				38
				38
				38
				38
				38
				38
				38
				38
				38
				38

Civil Service Law: Section 22: certification for new positions. Before any new positions in the service of a civil division shall be created, the proposal therefor, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position. Any such new position shall be created only with the title approved and certified by the Personnel Director.

**CLINTON COUNTY
DEPARTMENT OF PERSONNEL
NEW POSITIONS DUTIES STATEMENT**

Department head, or other authority requesting the creation of a new position, prepare a separate description for each new position to be created except that one description may cover two or more identical positions in the same organizational unit.
Forward original to the Department of Personnel.

1. DEPARTMENT, UNIT OR SECTION - LOCATION OF PERSON

Full-time Part-time Indicate the number of positions you wish to create: _____

**PERCENT
OF
WORK TIME**

2. DESCRIPTION OF DUTIES: Describe the work in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

(Attach additional sheets if more space is needed)

3. Names and Titles of Persons Supervising this position (General, Direct, Administrative, etc.)

Name	Title	Type of Supervision

4. Names and Titles of Persons Supervised by Employee in this position.

Name	Title	Type of Supervision

5. Names and Titles of Persons doing substantially the same kind of level of work as will be done by the incumbent of this position.

Name	Title	Location of Position

6. What minimum qualifications do you think should be required for this position?

Education: High school ____ years
 College _____ years, with specialization in _____
 Other _____ years, with specialization in _____

Experience: (list amount and type)

Essential knowledge, skills and abilities:

Type of license or certificate required:

The above statements are accurate and complete.

Date: _____ Title: _____ Signature: _____

In accordance with the provisions of Civil Service Law, Section 22 the Clinton County Department of Personnel certifies that the appropriate civil service title for the position described is _____,

Jurisdictional Class _____ Title _____

Date: _____ Signature of Personnel Director: _____

Action by Legislative Body or Other Approving Authority

Circle action below:

- Approved
- Disapproved

Date: _____ Signature: _____

Return one completed copy to Clinton County Department of Personnel

CLINTON COUNTY DEPARTMENT OF PERSONNEL

**REQUEST FOR ADDITIONAL POSITION(S) IN AN
ALREADY ESTABLISHED ENTRANCE-LEVEL CLASSIFICATION**

Agency: _____

ACTION BY DEPARTMENT HEAD

I affirm that the duties, responsibilities and qualification requirements of the new position(s) requested below conform to the class specification of the attached Civil Service position description for _____ already established by the Clinton County Department of Personnel.

Signature of Department Head: _____ Date: _____

Title of Requested New Position: _____ Number of Positions _____

Temporary indicate length of appointment: _____
 Permanent

For competitive titles only indicate: Full-Time
 Indicate the total hours worked if less than full-time _____

ACTION BY APPOINTING AUTHORITY

Creation of described position(s)

I agree that the duties and responsibilities conform to the attached Civil Service position description and approve the creation of this position(s).

Signature of Appointing Authority: _____ Date: _____

NOTE: Please attach a current Civil Service position description to this form.

ACTION BY CLINTON COUNTY DEPARTMENT OF PERSONNEL

In accordance with the provisions of Civil Service Law, Section 22, the Clinton County Department of Personnel certifies that the appropriate civil service title for the position described is _____, _____ classification.

Signature of Personnel Director: _____ Date: _____

This original document will remain in the Personnel Office, a copy signed by the Personnel Director will be returned to the Agency.



CLINTON COUNTY DEPARTMENT OF PERSONNEL

137 Margaret Street, Plattsburgh, NY 12901

Kim Kinblom, Personnel Director

Phone: 565-4676

Fax: 565-4679

TO: Appointing Authority

FROM: Kim Kinblom, Personnel Director

RE: Notification of Eligible Candidates of Non-Selection

New York State Civil Service Law, Section 61, Paragraph 3, states in part:

"Notification to eligible candidates. Persons on an eligible list who are certified pursuant to section sixty of this chapter and are considered and not selected for appointment or promotion pursuant to this section shall, whenever another candidate is appointed or promoted, be given or sent written notice by the appointing authority of such non-selection."

Please notify non-selected candidates in accordance with the above referenced section. There are suggested samples of letters on the reverse side of this form.

In addition, if an eligible candidate declines a position, you must obtain a written declination from them. If an eligible candidate fails to respond to a request for an interview, you should send them a return receipt letter or email requesting a written declination. We must receive a copy of written declinations or the return receipt letter or email before we can issue a new Certification of Eligibles List.

(See sample letters on reverse.)

SAMPLE OF NON-SELECTION LETTER:
TO INDIVIDUALS WHOSE NAMES APPEAR ON A CEL:

Dear _____:

Due to a vacancy in our department/agency for the position of _____, the Clinton County Department of Personnel issued your name to us on a Certification of Eligibles List.

We have filled the position and are notifying you of your non-selection in accordance with Civil Service Law, Section 61.

Cc: Department of Personnel

SAMPLE OF RETURN RECEIPT LETTERS OR EMAILS:
TO INDIVIDUALS WHOSE NAMES APPEAR ON A CEL AND A WRITTEN DECLINATION FROM THE CANDIDATE IS NOT RECEIVED:

Dear _____:

Due to a vacancy in our department/agency for the position of _____, the Clinton County Department of Personnel issued your name to us on a Certification of Eligibles List.

When we contacted you by phone on _____ to schedule an interview, you indicated that you are not interested in this position. We requested you to complete and return a declination form as required by the Clinton County Civil Service Rules and Regulations, but we have not received it.

Please note, this return-receipt letter or email will serve as verification of your formal declination of interest in this position.

Cc: Department of Personnel

(or)

Dear _____:

Due to a vacancy in our department/agency for the position of _____, the Clinton County Department of Personnel issued your name to us on a Certification of Eligibles List.

We have not been able to contact you by phone or email to confirm an interview date. If you are interested in this position, please call or email by _____ to schedule an interview.

Please note, if we do not hear from you by the above date, this return-receipt letter or email will serve as verification of your formal declination of interest in this position.

Cc: Department of Personnel

1. Name of officer or employee		Clinton County Dept. of Personnel 137 Margaret Street Plattsburgh, New York 12901		RECLASSIFICATION FORM Form MS 220 Leave this space blank	
Last	First	Middle			
2. Payroll or budget title		3. City, county, town or village	4. Rate of Pay <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Daily \$ _____ <input type="checkbox"/> Hourly		
5. Place of work (bldg. and room)		6. Department	7. Division or Bureau		
8. Civil Service Status of Position	<input type="checkbox"/> Competitive <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Labor <input type="checkbox"/> Not Now Classified <input type="checkbox"/> Unclassified		9. Number Years in Service	10. How Many Years in present position	
11. Names and titles of persons from whom you receive supervision or direction, and the degree of this supervision.					
NAMES		TITLES		DEGREE OF SUPERVISION RECEIVED	
12. If your work involves the direction or supervision of the work of others, give their names, titles and the degree of supervision.					
NAMES		TITLES		DEGREE OF SUPERVISION EXERCISED	
13. DESCRIPTION OF DUTIES—Describe the work that you do. Use a separate paragraph for each kind of work. Take the most important kind first, that is the kind that takes up most of your time. Explain it fully. Then take up the next most important, and so on, putting the special or occasional duties last. Be sure to make your descriptions definite enough and in enough detail to give a clear picture of the work. In the column at the left give your best estimate of the fraction or percent of your total working time that is taken up by each kind of work described.					
PERCENT OF TIME					
IF MORE SPACE IS NEEDED ATTACH A SEPARATE SHEET					

14. Describe fully in what detail your assignments are made to you stating what form (such as—penciled lay-out, rough draft, etc.) your work is in when it comes to you, what decisions have already been made for you, what decisions are left to you.																																																																	
15. Summarize your work responsibilities, as you understand them.																																																																	
16. Who checks or reviews your work and what is the nature of such check?																																																																	
17. Date				18. Signature																																																													
I certify that the entries to the above questions are my own answers to the questions, and to the best of my knowledge and belief are correct and complete answers to the questions.																																																																	
TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF EMPLOYEE:																																																																	
19. Place an X mark opposite that item in each group which will best describe the work of this position:																																																																	
<input type="checkbox"/> Simple repetitive routine. <input type="checkbox"/> Repetitive but involves independent decisions in individual cases. <input type="checkbox"/> Customarily involves independent decisions on order of tasks and methods used. <input type="checkbox"/> Customarily involves independent decisions as to scope and planning of projects.							<input type="checkbox"/> Does not involve any oversight, planning or supervision of the work of others. <input type="checkbox"/> Involves some advisory or "straw-boss" supervision of the work of others. <input type="checkbox"/> Involves the regular but routine supervision of the work of others in the immediate field of activity. <input type="checkbox"/> Involves responsibility for the planning and assigning of work activities of considerable variety and importance.																																																										
<input type="checkbox"/> Requires no previous training or specialized education. <input type="checkbox"/> Requires some previous training or experience but with NO specialization in the department activity. <input type="checkbox"/> Requires some previous training or experience WITH some specialization in the department activity. <input type="checkbox"/> Requires thorough training in the trade or profession but NO specialized experience in the department activity. <input type="checkbox"/> Requires thorough training in the trade or profession WITH specialized experience in the department activity. <input type="checkbox"/> Requires administrative ability in the trade or profession with advanced training and experience in department activity.							IF THE POSITION INVOLVES STENOGRAPHY CHECK ONE OF THE FOLLOWING <input type="checkbox"/> Includes occasional or incidental stenography but a qualified stenographer is NOT necessary to fill the position. <input type="checkbox"/> Includes occasional or incidental stenography and REQUIRES a qualified stenographer. <input type="checkbox"/> Involves stenography as the major function of the position. <input type="checkbox"/> Involves stenographic duties of a secretarial nature. <input type="checkbox"/> Involves shorthand reporting of hearings or similar audiences.																																																										
<input type="checkbox"/> Is under immediate oversight. <input type="checkbox"/> Is not under immediate supervision but is performed according to a definitely prescribed practice or procedure. <input type="checkbox"/> Is under general supervision and makes decisions on ordinary questions of procedure and order of tasks. <input type="checkbox"/> Is subject to administrative approval and is responsible for planning and initiating of projects.							IF THE POSITION INVOLVES TYPING CHECK ONE OF THE FOLLOWING <input type="checkbox"/> Includes occasional or incidental typing but a qualified typist is NOT necessary to fill the position. <input type="checkbox"/> Includes occasional or incidental typing and REQUIRES a qualified typist. <input type="checkbox"/> Involves typing as the major function of the position. <input type="checkbox"/> Involves typing requiring the ability to set up complex tabulations, statistical tables and similar material.																																																										
20. How much formal education should be required in case of a vacancy. Show by the letter "N" in the appropriate space, the least that you consider should be accepted and by a "D" the amount desirable.		Merely read and write	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="12" style="padding: 2px;">Common school and high school</th> <th colspan="4" style="padding: 2px;">College</th> <th rowspan="2" style="padding: 2px;">Other special or technical courses</th> </tr> <tr> <th style="padding: 2px;">1</th><th style="padding: 2px;">2</th><th style="padding: 2px;">3</th><th style="padding: 2px;">4</th><th style="padding: 2px;">5</th><th style="padding: 2px;">6</th><th style="padding: 2px;">7</th><th style="padding: 2px;">8</th><th style="padding: 2px;">9</th><th style="padding: 2px;">10</th><th style="padding: 2px;">11</th><th style="padding: 2px;">12</th> <th style="padding: 2px;">1</th><th style="padding: 2px;">2</th><th style="padding: 2px;">3</th><th style="padding: 2px;">4</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>												Common school and high school												College				Other special or technical courses	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4																		
Common school and high school												College				Other special or technical courses																																																	
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4																																																		
21. Are the above statements of the employee accurate and complete? (Indicate any inaccuracies or incomplete items.)																																																																	
22. Give your idea of the essential nature of the work and responsibilities of the position and the attention and supervision it requires.																																																																	
23. Date				24. Signature of Immediate Supervisor																																																													
TO BE FILLED IN BY THE DEPARTMENT HEAD																																																																	
25. Comment on above statements of employee and supervisor. (Indicate any inaccuracies.)																																																																	
26. Date				27. Signature of Department Head																																																													

CLINTON COUNTY REPORT OF PERSONNEL CHANGE FORM

Report all personnel changes on this form.

Return to: Department of Personnel, 137 Margaret Street., Room 212, Plattsburgh NY 12901

Agency:

Name of Employee:

Social Security #:

Address:

Date of Birth:

Title of Current Position:

Salary: Indicate Yearly, Hourly, Daily, etc.

Title #:

Last Employee in this Position:

Position #:

Titles No Longer Held by this Employee:

Retirement #:

Mandatory for 12-month permanent FT or contingent/permanent FT employees.

Check here only if retirement is optional.

	CHECK HERE	NATURE OF CHANGE	EFFECTIVE DATE	NECESSARY ACTION BY APPOINTING AUTHORITY
A P P O I N T M E N T S	<input type="checkbox"/>	Permanent Full-time Part-time		Attach application. If competitive class, return CEL.
	<input type="checkbox"/>	Cont/Perm Full-time Part-time		Competitive class only. Attach application and CEL.
	<input type="checkbox"/>	Provisional Full-time Part-time		Competitive class only. Attach application.
	<input type="checkbox"/>	Temporary Full-time Part-time		Put length of employment in Remarks. Attach application.
	<input type="checkbox"/>	Temporary On-Call		Attach application.
	<input type="checkbox"/>	Reverted		State facts in Remarks.
	<input type="checkbox"/>	Permanent Promotion		Attach application. If competitive class, return CEL.
	<input type="checkbox"/>	Provisional Promotion		Competitive class only. Attach application.
	<input type="checkbox"/>	Temporary Promotion		Attach application.
L E F T	<input type="checkbox"/>	55A Appt. Full-time Part-time		Approved application must be on file in Personnel Dept.
	<input type="checkbox"/>	Resignation		Attach copy of resignation letter.
	<input type="checkbox"/>	Retirement		Indicate day after last day worked. Attach retirement letter.
	<input type="checkbox"/>	Deceased		Indicate date.
	<input type="checkbox"/>	Removed		Attach copy of proceedings if any.
O T H E R C H A N G E S	<input type="checkbox"/>	Laid-Off (lack of work or funds)		State facts in Remarks.
	<input type="checkbox"/>	Leave of Absence Paid Unpaid Indicate date out and/or return date		State facts in Remarks.
	<input type="checkbox"/>	Transfer		State facts in Remarks. Competitive class only.
	<input type="checkbox"/>	Reassignment		State facts in Remarks. Must be same title and permanent.
	<input type="checkbox"/>	Demotion		State facts in Remarks. If voluntary, attach employee's letter
	<input type="checkbox"/>	Suspension		State facts in Remarks. Attach copies of proceedings.
	<input type="checkbox"/>	Reinstatement		State facts in Remarks. Competitive class only. If within one (1) year, no probationary period.
	<input type="checkbox"/>	Reclassification		Attach application.
	<input type="checkbox"/>	Change in Salary		Indicate new salary at top of form where indicated.
<input type="checkbox"/>	Change in Name		Indicate new name at top and maiden name in Remarks.	
<input type="checkbox"/>	Change in Address		Indicate new address at top of form where indicated.	

REMARKS:

Probationary Period:

to

Appointing Officer:

Minimum 8 weeks for new appointments

Title:

Probationary Period Waived (for promotions only)

Yes No

Date:

PERSONNEL USE ONLY:

Clinton County Department of Personnel Certification: It is hereby certified that the employee(s) listed on this Report of Personnel Change Form has (have) been employed in accordance with Civil Service Rules.

Unless changes occur, the salary payments listed are certified through your agencies fiscal year.

Approval Date:

Approved By:

NAME:



CLINTON COUNTY DEPARTMENT OF PERSONNEL

137 Margaret Street, Suite 212 , Plattsburgh, NY 12901

Personnel Director

Kim Kinblom

Phone 518-565-4676

Fax 518-565-4679

Email [-Kim.Kinblom@clintoncountygov.com](mailto:Kim.Kinblom@clintoncountygov.com)

TO:

FROM:

DATE:

RE:

As appointing authority please indicate below any employees that you authorize to sign on your behalf any forms/documents we request from your agency to comply with Civil Service Law.

I authorize the employee(s) listed below to sign on my behalf:

NAME	TITLE

I authorize the employee(s) listed below to use my signature stamp and initial next to my name as appointing authority:

NAME	TITLE

Appointing Authority Signature: _____ Date: _____

Please let us know when there are any changes to the above.

**CLINTON COUNTY DEPARTMENT OF PERSONNEL
REQUEST FOR EXTENSION OF TEMPORARY POSITION**

Agency: _____ Title: _____

Jurisdictional Classification in Rules _____

Current Employee in Position: _____ Position Control #: _____

ACTION REQUESTED BY APPOINTING AUTHORITY:

Please detail below your request for an extension: Extension requested for _____ months.

Reason for request:

Signature of Appointing Authority: _____ Date: _____

Return Completed Form to: Clinton County Personnel, 137 Margaret Street, Plattsburgh, NY 12901

The original document will remain in the Personnel Office.

Check here if you would like to receive a copy

In accordance with Section 64 of Civil Service Law: (see reverse):

ACTION BY CLINTON COUNTY DEPARTMENT OF PERSONNEL

DISAPPROVED The Personnel Director has determined that the position does not meet the criteria for a temporary extension. The position will need to be terminated by _____. A Report of Personnel Change Form will be required showing this position ended.

APPROVED The Personnel Director has determined that the position meets the criteria for a temporary extension. The extension is approved through _____. A Report of Personnel Change Form will be required when this extension ends.

Signature of Personnel Director: _____ Date: _____

REQUEST FOR EXTENSION OF TEMPORARY POSITION

§ 64. Temporary appointments. 1. Temporary appointments authorized; duration. A temporary appointment may be made for a period not exceeding three months when the need for such service is important and urgent. A temporary appointment may be made for a period exceeding three months under the following circumstances only:

(a) when an employee is on leave of absence from his position, a temporary appointment to such position may be made for a period not exceeding the authorized duration of such leave of absence as prescribed by statute or rule;

(b) a temporary appointment may be made for a period not exceeding six months when it is found by the state civil service department or appropriate municipal civil service commission, upon due inquiry, that the position to which such appointment is proposed will not continue in existence for a longer period; provided, however, that where a temporary appointment is made to a position originally expected to exist for no longer than six months and it subsequently develops that such position will remain in existence beyond such six-month period, such temporary appointment may be extended, with the approval of the state civil service department or municipal civil service commission having jurisdiction, for a further period not to exceed an additional six months;

(c) when the department of civil service or appropriate municipal civil service commission of any city containing more than one county finds that a reduction or abolition of positions in the state service or such city service is planned or imminent and that such reduction or abolition of positions will probably result in the suspension or demotion of permanent employees, such department or commission may authorize temporary instead of permanent appointments to be made for a period not exceeding one year in positions in state service or such city service to which permanent employees to be affected by such abolition or reduction of positions will be eligible for transfer or reassignment.

Successive temporary appointments shall not be made to the same position after the expiration of the authorized period of the original temporary appointment to such position.

2. Temporary appointments from eligible lists. A temporary appointment for a period not exceeding three months may be made without regard to existing eligible lists. A temporary appointment for a period exceeding three months but not exceeding six months may be by the selection of a person from an appropriate eligible list, if available, without regard to the relative standing of such person on such list. Any further temporary appointment beyond such six month period or any temporary appointment originally made for a period exceeding six months shall be made by the selection of an appointee from among those graded highest on an appropriate eligible list, if available.

3. Temporary appointments without examination in exceptional cases. Notwithstanding the provisions of subdivisions one and two of this section, the civil service department or municipal commission having jurisdiction may authorize a temporary appointment, without examination, when the person appointed will render professional, scientific, technical or other expert services (1) on an occasional basis or (2) on a full-time or regular part-time basis in a temporary position established to conduct a special study or project for a period not exceeding eighteen months. Such appointment may be authorized only in a case where, because of the nature of the services to be rendered and the temporary or occasional character of such services, it would not be practicable to hold an examination of any kind.

4. The state and municipal civil service commissions may, by rule, provide for the extension of some or all of the rights and benefits of permanent status to an employee who is appointed or promoted, after having qualified therefor in the same manner as required for permanent appointment or promotion, to a position left temporarily vacant by the leave of absence of the permanent incumbent thereof. Such rights and benefits shall be subject to such conditions and limitations as may be prescribed in the rules.