



## POSITION STATUS CHANGE CHECKLIST: PD PART-TIME ->FULL-TIME EMPLOYEE

Congratulations on your change in status with the Town of West Seneca! Your appointment is pending Town Board approval and meeting required contingencies with the Town of West Seneca.

As part of your transition from part-time to full-time status, we will need you to complete ALL REQUIRED DOCUMENTS in the change status packet.

Below is a list of the documents included in the change status packet. **ALL ARE REQUIRED** unless otherwise noted as optional. Please review your packet before submitting to Human Resources. Use the Document List below to check for completed form. Also, return the paperwork in the order of the Document List below.

DOCUMENT NAME	CHECK WHEN COMPLETED
ECO CHANGE FORM	_____
PFRS APPLICATION	_____
HIGHMARK OF WNY ENROLLMENT FORM (HEALTH)	Provided by HR upon Request
NYSDCP ENROLLMENT FORM (OPTIONAL)	Provided by HR upon Request

Upon completion of all required documents, your change status packet will be submitted to the Finance Department for set up in the payroll system. Please be aware that incomplete paperwork may delay your effective date.

If you have any questions, please feel free to reach out to me via email at [lscibetta@ebchcm.com](mailto:lscibetta@ebchcm.com) or phone at (716) 482-7582. I look forward to working together to support the Town of West Seneca.

Lisa Scibetta  
HR Advisor to the Town of West Seneca

## Employee Change Form Information

For Supplementary Payroll Certification Report of Personnel Change to Erie County

Effective Date:

Employee Data			
Social Security Number:		Retirement Number:	
Name (Last, First):		Veteran Exemption (Y/N):	
Street Address:		Dates of Service:	From: To:
City/Town:		Volunteer Firemen: (Y/N)	
Zip Code:		Dates of Service:	From: To:

Title – Classification – Salary Information			
Are you currently employed by the Town of West Seneca? (Y/N)			
If “yes”, complete below. If “no”, leave blank:		Must be completed:	
Current Title:		New Title:	
Current Salary:		New Salary:	
Type (Check One):	Meeting	Type (Check One):	Meeting
	Daily		Daily
	Hourly		Hourly
	Weekly		Weekly
	BiWeekly		BiWeekly
	Quarterly		Quarterly
	Annually		Annually
Classification: (Check One)	Competitive	Classification: (Check One)	Competitive
	Non-Competitive		Non-Competitive
	Labor		Labor
	Exempt		Exempt
	Unclassified		Unclassified

Employee Type – For Temporary Appointment, WRITE IN END DATE			
Full Time Permanent		Part Time Temporary Seasonal	
Full Time Provisional		Regular Part Time Permanent	
Full Time Temporary		Regular Part Time Temporary	
Part Time Regular Permanent		Full Time Contingent Permanent	
Part Time Temporary		Part Time Provisional	
Part Time Permanent		Regular Part Time Provisional	



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518)486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYS LRS ID

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Received Date
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Social Security Number \*

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# Police and Fire Membership Registration PF 5022

(Rev. 11/22)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

Registration Number					

<b>Part 1: Employee – Read information provided on page 2.</b>					
Employee's Last Name:			First Name:		Middle Initial:
Employee's Address:		Apt	City		State Zip Code
Former Name: (if applicable)			Date of Birth (mm/dd/yyyy)		Sex
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate name of system: _____					
Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate name of system: _____					
(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')					

<b>Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.</b>											
Employer's Name:						Employer's Telephone:					
Employer's Address:						Employer's Fax Number:					
Job Code [1]			Employee Classification			<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time			
			<input type="checkbox"/> 12 Month	<input type="checkbox"/> 12 Month Provisional	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time			
Hire Date [3]			Standard Workday [4]		Location Code			For State Agency Use Only – Agency Code			
Month	Day	Year									
Frequency of Payment											
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other- Please Specify _____											
Projected Annualized Wage [5]			Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See Page 2 for examples.								

