



### **Checklist - Part-Time > Full-Time Police Officer Status Change**

Congratulations on your change to full-time status! As part of your transition 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 complete all required documents before submitting them to Human Resources. Use the Document List below to confirm you have completed all the required documents. Please be aware that incomplete paperwork may delay your change status effective date.

Please note that your appointment is pending approval from the West Seneca Town Board.

If you have any questions, please feel free to reach out to Lisa Scibetta, HR Director at [lscibetta@twсны.org](mailto:lscibetta@twсны.org) or by phone at (716) 558-3267.

<b>DOCUMENT NAME</b>	<b>CHECK WHEN COMPLETED</b>
ECO CHANGE FORM	_____
PFRS MEMBERSHIP REGISTRATION	_____

Univera Healthcare Plan Information and Enrollment Form Provided Separately

Dental and Vision Plan Information Provided Separately

NYS Deferred Compensation Program Information Provided Upon Request

## 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									

<b>Frequency of Payment</b>											
<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 _____											

<b>Projected Annualized Wage [5]</b>

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.