NIAGARA COUNTY
CIVIL SERVICE
111 Main Street - Suite G2
Lockport, New York 14094-2740

(716) 438-4071
Fax (716) 438-4077

CERTIFICATION OF DEPARTMENT HEAD

I HEREBY CERTIFY THAT THE PERSONS NAMED IN THE FOREGOING PAYROLL ARE EMPLOYED SOLELY IN AND HAVE ACTUALLY PERFORMED THE PROPER DUTIES OF POSITIONS AND EMPLOYMENTS INDICATED, AND THAT THE PERSONS DESCRIBED HEREIN AS LABORERS ARE EMPLOYED AT ORDINARY UNSKILLED LABOR ONLY;

THAT SAID PAYROLL FOR THE PAYROLL PERIOD OF _____ THRU _____ IS APPROVED AT _____ (GROSS PAYROLL AMOUNT) AND IS CERTIFIED FOR PAYMENT FROM THE APPROPRIATIONS AUTHORIZED AND THAT THE PERSONS NAMED HEREIN, EXCEPT THOSE APPOINTED AND EMPLOYED AS LABORERS, HAVE TAKEN AND FILED THE CONSTITUTIONAL OATH IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 574, LAWS OF 1917.

_____	_____	_____
DATE	SIGNATURE	TITLE

_____
DEPARTMENT

CERTIFICATION OF THE NIAGARA COUNTY CIVIL SERVICE

I HERBY CERTIFY THAT, WITH THE EXCEPTIONS, AS SHOWN, THE EMPLOYEES NAMED IN THIS ESTIMATE, PAYROLL OR ACCOUNT, CONTAINING _____ NAMES, HAVE BEEN APPOINTED TO OR PROMOTED OR EMPLOYED IN THE POSITIONS AND PLACES AND AT THE RATES OF COMPENSATION SHOWN, IN ACCORDANCE WITH THE CIVIL SERVICE LAW AND RULES MADE IN PURSUANCE THEREOF, AND ARE CERTIFIED THROUGH_____UNLESS OTHERWISE NOTED. BUT WHEN ANY PERSON WHOSE NAME APPEARS ON THE ESTIMATE, PAYROLL OR ACCOUNT SHALL HAVE BEEN SEPARATED FROM THE SERVICE OR IF STATUS SHALL CHANGE IN ANY WAY, THIS CERTIFICATE SHALL APPLY TO THAT PERSON ONLY UP TO THE TIME SUCH SEPARATION OR CHANGE SHALL HAVE TAKEN PLACE.

_____
SIGNATURE

CERTIFIED BY:

TITLE: Personnel Officer

DATE: _____

EXCEPTIONS: