



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

(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 named herein are employed in their respective positions in accordance with law and rules made pursuant to law; that said payroll for the payroll period of \_\_\_\_\_ (pay period begin date) thru \_\_\_\_\_ (pay period end date) is approved at \_\_\_\_\_ (gross payroll amount) and is certified for payment from the appropriations authorized.

_____ DATE	_____ SIGNATURE	_____ TITLE
_____ DEPARTMENT	_____ PRINTED NAME OF PERSON AUTHORIZED TO SIGN	

**CERTIFICATION OF THE NIAGARA COUNTY CIVIL SERVICE**

I HEREBY 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. I FURTHER CERTIFY 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.

\_\_\_\_\_  
SIGNATURE

**CERTIFIED BY:** \_\_\_\_\_ **TITLE:** Personnel Officer **DATE:** \_\_\_\_\_

**EXCEPTIONS:** .