

BOCES Title

Section I: (Department)

Department: _____		Job Code: _____	
<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	Number of Hours/Week: _____	
Employee ID#	Employee Name		
Anticipated Effective Date(s) - (From – To): _____		Length of Workday: _____ a.m. to _____ p.m	
Reason: _____			
Location: (Location Code): _____		Program: _____	
Budget Code: _____	Percent _____	Budget Code: _____	Percent _____
Budget Code: _____	Percent _____	Budget Code: _____	Percent _____
Recommended: _____		_____	
Program Administrator		Date	
Approved: * _____		_____	
Departmental Approval		Date	

*The Executive Director will receive a Budget to Actual Expense Report for this category of employee for the first 3 quarters and then monthly for April, May and June.

Section II: (Human Resources)

<input style="width: 100px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	Effective Date(s) – (From-To) _____												
Employee ID#	Employee Name													
Rate: <input style="width: 200px; height: 25px;" type="text"/>	Per: <input type="checkbox"/> Yr. <input type="checkbox"/> Day <input type="checkbox"/> Hr.	Grade or Cluster/Range _____												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Certified Staff:</td> <td colspan="2">Classified Staff:</td> </tr> <tr> <td>Job Code _____</td> <td>BOCES Title _____</td> <td>Job Code _____</td> <td>BOCES Title _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Civil Service Title _____</td> </tr> </table>		Certified Staff:		Classified Staff:		Job Code _____	BOCES Title _____	Job Code _____	BOCES Title _____				Civil Service Title _____	
Certified Staff:		Classified Staff:												
Job Code _____	BOCES Title _____	Job Code _____	BOCES Title _____											
			Civil Service Title _____											
Current Position (if not new hire): _____														
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Human Resources Administrator: _____ Date: _____														