

# REQUEST FOR PERSONNEL

Date: \_\_\_\_\_

Section I: DEPARTMENT	
<b>RFP#:</b>	
<b>Department:</b>	
<b>Program:</b>	
<b>BOCES Title:</b>	
<b>Job Code:</b>	
<b>Location Code:</b>	
<b>Supervisor ID:</b>	
<b>Status*:</b>	<b>Work Year:</b>
*SALARIED STAFF, LESS THAN 1 FTE, REQUIRE A WORK SCHEDULE ATTACHEMENT	
<b>Length of Workday:</b>	_____ a.m. to _____ p.m.
<b>Number of Hours/Week:</b>	
<b>Anticipated Effective Date(s):</b>	<b>From:</b> <b>To:</b>
<b>Budget Code(s) / Percent(s):</b> (Must equal 100%)	_____. _____. _____. _____ % _____. _____. _____. _____ % _____. _____. _____. _____ %
<b>Budgeted:</b>	
<b>Check all that apply:</b>	<input type="checkbox"/> Eliminating Position <input type="checkbox"/> Increased Enrollment <input type="checkbox"/> New Business <input type="checkbox"/> New Service/Position** <input type="checkbox"/> Promotion** <input type="checkbox"/> Student Related Service <input type="checkbox"/> Other: _____
	Replacement for: Reason: **MUST ATTACH MEMO PROVIDING RATIONALE & INCLUDE JOB DESCRIPTION WHEN APPLICABLE
<b>Requested Salary:</b>	\$ _____
<b>Program Admin Recommended:</b>	Date: _____
<b>Exec Director Approval:</b>	Date: _____

Section II: BUSINESS OFFICE	
<b>Budgeted Amount:</b>	\$ _____
<b>Business Office Approval:</b>	Date: _____

Section III: SUPERINTENDENT'S OFFICE	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<b>Superintendent's Office Approval:</b>	Date: _____

Section IV: HUMAN RESOURCES	
<b>New Hire:</b>	
<b>Name:</b>	
<b>ID #:</b>	
<b>Effective Date(s) (From-To):</b>	<b>From:</b> <b>To:</b>
<b>Grade – Cluster/Range – Ed Level:</b>	
<b>Benefits:</b>	
<b>Salary: \$ _____</b>	<b>Per: _____</b>
<b>Job Code:</b>	
<b>BOCES Title:</b>	
<b>Social Security #:</b>	XXX-XX-____
<b>Yrs. Educational/Work Exp.:</b>	
<b>Yrs. BOCES Educational Exp.:</b>	
<input type="checkbox"/> <b>CLASSIFIED STAFF</b>	
<b>Civil Service Title:</b>	
<b>Civil Service Job Code:</b>	
<b>Probation Period (Day/Week/Mo):</b>	
<b>Completion of Probation Date:</b>	
<input type="checkbox"/> <b>CERTIFIED STAFF</b>	
<b>TEACH ID#:</b>	
<b>Certification Area:</b>	
<b>Status:</b>	
<b>Teacher/Admin Tenure Area:</b>	
<b>Tenure Period:</b>	
<b>Tenure Date:</b>	
<b>Current Position: (if not new hire)</b>	
<b>Orientation Date:</b>	
<b>PAR Date:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<b>Human Resources Administrator:</b>	Date: _____

<b>Notes:</b>
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