

Employee ID#:	
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CASUAL EMPLOYEE INFORMATION

CASUAL EMPLOYEE INFORMATION (Completed by Casual Employee):		
I am a member of: NYSTRS N	YC TRS	
Member #: Date of Membership:		
	State Teacher's Retirement System is fraudulent	
according to New York State Education Law.	,	
Print Name:	Social Security #:	
Address:	Phone #:	
Employee Signature:	Date:	
DISTRICT INFORMATION (Completed by Subscribing District)		
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The above-named Casual Employee will be cor	nducting: at a rate of hours. The title of the project/event is	
Roll & Maximum of Anticipated Sta		
School District Name:	School phone #:	
District Representative: Title:		
District signatures Date:		
District signature:Date:		
FOR BOCES OFFICE USE ONLY: (to be completed by CIT program supervisor)		
Employment Term:		
Start Date:	End Date:	
Hourly Rate:	Max Earnings:	
Budgeted Amount:	Budget Code:	
Program Supervisor		
Signature:	Date:	
Executive		
Director Signature:	Date:	
Human Resources		
Administrator:		
	For Nassau BOCES HR use only:	
Date:	Status verified	
	Name	
	Department	
0 /04 /0000	Location Code	
Rev. 2/21/2020	Employee ID	