ADDITIONAL ASSIGNMENT

Dept. AA#: _____
Date: _____
HRAA#: _____

BOCES Title

Section I: (Department)

Department:_____ Job Code:_____

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: * _____ _____
'HSDUWPHQWDO $SSURYDO 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)

_____
Effective Date(s) – (From-To)

Employee ID# Employee Name

Rate: Per: Yr.