

Date:

Section I: DEPARTMENT		
RFP#:		
Department:		
Program:		
BOCES Title:		
Job Code:		
Location Code:		
Supervisor ID:		
Status*:	Work Year:	
* SALARIED STAFF, LESS THAN 1FTE, REQUIRE A WORK SCHEDULE ATTACHE MENT		
Length of Workday:	_____ a.m. to _____ p.m.	
Number of Hours/Week:		
Anticipated Effective Date(s):	From:	
Budget Code(s) / Percent(s):	_____ : _____ : _____ : _____	_____ %
(Must equal 100%)	_____ : _____ : _____ : _____	_____ %
	_____ : _____ : _____ : _____	_____ %
Budgeted		
Check all that apply:	Eliminating Position Increased Enrollment New Business New Service/Position Promotion** Student Related Service Other: _____	
	Replacement for: Reason:	
** MUST ATTACH MEMO PRO VIDIN54.		

	XXX-XX-____

	Date: _____