

Mr. Ms. Dr.

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▲ Name \_\_\_\_\_ ▲ Social Security # \_\_\_\_\_ ▲ Retirement # (if current member) \_\_\_\_\_

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▲ Street Address/City/State/Zip \_\_\_\_\_ ▲ Phone # (include area code) \_\_\_\_\_

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▲ Work Location \_\_\_\_\_ ▲ Division \_\_\_\_\_ ▲ Virtual Beds Location \_\_\_\_\_

◆ Work Year: 10 Month    10 Mos.+20 days    12 Month    Substitute    PT/Hourly \_\_\_\_\_ Hrs/Week

◆ Work Year Calendar: Office    Teacher    ◆%FTE: \_\_\_\_\_ (for less than 100% attach PT employee work schedule)

◆ Workday: 7.25 (Teacher)    8.00 (Office)    ◆ Personal Email Address: \_\_\_\_\_ (Required)

◆ Budget Code(s): \_\_\_\_\_ %  
\_\_\_\_\_ %    ◆ Birthdate: \_\_\_\_\_

◆ New Position: \_\_\_\_\_ OR Replacement For: \_\_\_\_\_  
(Date the new position was approved by the Board)

Position Title: \_\_\_\_\_ Position #: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Grade \_\_\_\_\_ Step \_\_\_\_\_ Rate \_\_\_\_\_ Shift Differential \_\_\_\_\_  
(COMBO Salary Schedule)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type of Appointment: Permanent Serving Probation    Contingent Permanent    Provisional  
Temporary    Seasonal    Substitute

License: \_\_\_\_\_

**REQUIRED ATTACHMENTS**

- |   |   |
|---|---|
| 1) OCM BOCES Application with signature<br>2) Employment Needs Form<br>3) Salary Calculations with transcripts (OT, PT, OTA, PTA, Nurses) | 4) Letters of Reference<br>5) Civil Service Application (Will be supplied at recruitment level if needed) |
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Recommended by: \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor

\_\_\_\_\_ Date \_\_\_\_\_ Assistant Superintendent/CTO Date \_\_\_\_\_  
Program Administrator/Director

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Deputy Superintendent

For Personnel Use

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
HR Director/ School Attorney

_____ Emp Rec	_____ Signed App	_____ Fingerprint
_____ Salary Calc	_____ CS Application	_____ Agenda
_____ Emp Needs	_____ Retirement Options	_____ New Employee
_____ OATH	_____ Reference Letter	_____ WinCap
	_____ I-9	_____ Email
		_____ Teach ID

Fringe benefit category: \_\_\_\_\_

Date of Board Action: \_\_\_\_\_

c: Payroll  
Rev 05/03/2024