

▲ Employee's Current Legal Name _____	▲ Current Department _____
▲ Employee's Current Title _____	▲ Current Location _____

Recommended Change: (ex. From: Position - Location To: Position - Location)
(ex. From: Active To: Inactive)

From: _____

To: _____

Reason for Change: _____

Effective Date**: _____ **(for terminations, this is the last actual day of work)**

Corresponding Change in Salary:

From: _____ Grade: _____ Step: _____

To: _____ Grade: _____ Step: _____

Effective Date: _____

Other Information:

WinCap Supervisor: _____

****For termination of employment, all BOCES network/email accounts end on this date. If accounts need to be retained, due to continued employment check here:**

Job II:

Rate of Pay: _____ Budget Code: _____

Job Description: _____

Effective Date: _____

▲ Signature (Person submitting change) _____	▲ Date _____
▲ Signature (Program Administrator/Director) _____	▲ Date _____
▲ Signature (Assistant Superintendent/CTO) _____	▲ Date _____
▲ Signature (Deputy Superintendent) _____	▲ Date _____
▲ Signature (HR Director/School Attorney) _____	▲ Date _____