

Employment Recommendation

GENERAL INFORMATION

Mr.
 Ms.
 Dr.

▲ Name _____ ▲ Social Security # _____ ▲ Retirement # (if current member) _____
 ()

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

▲ Work Location _____ ▲ Division _____

◆ Work Year: 10 mos. 12 mos. 10 mos. + 20 days
 PT/hourly Hrs/Week _____
 Substitute

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

◆ Budget _____ %
 Code(s): _____ %

◆ Workday: 7.25 (Teacher) 8.00 (Office)

◆ Birth Date: _____ (obtained from I-9 form)

New position Replacement For: _____

UNCLASSIFIED EMPLOYEE

Tenure Area _____

Annual Salary 10 mos. _____
 12 mos. _____ (Attach Salary Calculation Form if applicable)

Certificate/License _____
 (Indicate type and attach copy)

Probationary – 3 year _____
 Begin _____ End _____

Probationary – 2 year _____
 Begin _____ End _____

Term _____
 Begin _____ End _____

Regular Substitute* _____
 * term of 5 months or more
 Begin _____ End _____
 For: _____

Part-Time Substitute _____
 Effective Date _____

CLASSIFIED EMPLOYEE

Position Title _____

Annual Salary _____
 Grade _____ Step _____ Rate _____

License _____
 (Indicate type and attach copy)

Permanent Serving Probation _____
 Effective Date _____

Contingent Permanent _____
 Effective Date _____

Provisional _____
 Effective Date _____

Temporary _____
 Begin _____ End _____

Seasonal _____
 Begin _____ End _____

Substitute _____
 Effective Date _____

ATTACHMENTS

- Oath of Allegiance
- OCM BOCES Employment Application
- Letters of Reference (2)
- W-4 (Federal) IT-2104 (NYS)
- Retirement Membership Option Form 403B Universal Availability Notice
- Transcripts (if applicable)
- Civil Service Application (classified appt. only)
- I-9
- Salary Calculation (if applicable)
- ON FILE _____
 (indicate previous appointment)

Recommended by: _____ Supervisor _____ Date _____

Approved by: _____ Program Administrator/Director _____ Date _____ Assistant Superintendent/CTO _____ Date _____

Personnel Department Use Only

Employment recommendation reviewed by: _____
 Director of Personnel & Labor Relations _____ Date _____

Approved for Board Action: _____
 District Superintendent _____ Date _____

Fringe benefit category: _____