OCMBOCES
Committed to Your Success

Unclassified Employment Recommendation

☐Mr. ☐Ms. ☐Dr.

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

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

Select ▲Work Location

Select ▲Division

Select 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)

Tenure Area: Select Vacancy # _____

Rate of Pay $_____ Salary Type: ☐Salary ☐Hourly ☐Per Diem

Start Date _____ End Date _____

Type of Appointment: ☐Probationary ☐Term ☐Regular Substitute (term of 5 months or more)
☐Per Diem Substitute ☐Part-Time

Certification/License _____

REQUIRED ATTACHMENTS

1) Full OLAS Application with signature
2) Employment Needs Form
3) Salary Calculation with transcripts
4) Letters of reference

Recommended by: _____ _____
Supervisor Date

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

For Personnel Use Only

Reviewed by: _____ _____
HR Director/ School Attorney Date

Fringe benefit category: _____

Date of Board Action: _____

c:Payroll
Rev 09/06/2018

___Emp Rec
___Salary Calc
___Emp Needs
___OATH

___Signed App
___CS Application
___Retirement Options
___Reference Letter
___I-9

____Fingerprint
____Agenda
____New Employee
____WinCap
____Email
____Teach ID