

Mr. Ms. Dr. _____

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

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

▲ 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: _____ \$
(COMBO Salary Schedule) Grade Step Rate Shift Differential

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
2) Employment Needs Form
3) Salary Calculation with transcripts (OT, PT, OTA, PTA, Nurse) | 4) Letters of Reference
5) Civil Service Application - Will be supplied at recruitment level if needed |
|---|---|

Recommended by: _____ Date _____
Supervisor

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

Approved by: _____ Date _____
Deputy Superintendent

Reviewed by: _____ Date _____ HR Director/School Attorney	Personnel Department Use Only <input type="checkbox"/> Emp. Rec <input type="checkbox"/> Salary Calc <input type="checkbox"/> CS Application <input type="checkbox"/> Emp Needs <input type="checkbox"/> Oath	<input type="checkbox"/> Signed App <input type="checkbox"/> Retirement Options <input type="checkbox"/> Reference Letters <input type="checkbox"/> I-9	<input type="checkbox"/> Fingerprint <input type="checkbox"/> Agenda <input type="checkbox"/> New Employee <input type="checkbox"/> WinCap <input type="checkbox"/> Email <input type="checkbox"/> Teach ID
Fringe benefit category: _____ Date of Board Action: _____			

c: Payroll
Rev 08/24/2020