

_____ ▲ Employee's Current Legal Name	_____ ▲ Current Department
_____ ▲ Employee's Current Title	_____ ▲ Current Location
<b>Recommended Change:</b> From: _____ To: _____ Reason for Change: _____ (Attach Appropriate Documentation)	
Effective Date: ** _____ (for terminations, this is the last actual day of work)	
<b>Corresponding Change in Salary:</b> From: _____ Grade: _____ Step: _____ To: _____ Grade: _____ Step: _____ Effective Date: _____	
<b>Other Information:</b> _____ <b>**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</b>	

<b>Job II:</b> Rate of Pay: _____ Budget Code: _____ Job Description: _____ Effective Date: _____
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_____ ▲ Signature (Person submitting change)	_____ ▲ Date
_____ ▲ Signature (Program Administrator)	_____ ▲ Date
_____ ▲ Signature (Assistant Superintendent/CTO)	_____ ▲ Date
_____ ▲ Signature (Deputy Superintendent)	_____ ▲ Date
_____ ▲ Signature (HR Director/School Attorney)	_____ ▲ Date
Revised 08/24/2020	