ADDITIONAL ASSIGNMENTept. AA#:	
Date:	
HRAA#: _	

BOCES Title

Section I: (Department)

Department:		Job Code:	
		Number of Hours/W	eek:
Employee ID# Employee Name			
Anticipated Effective Date(s)(From-To):		Length of Workday:	a.m. top.m
Reason:			
Loætion: (Location Code):	Progr	ram:	
Budget Code:	Percent	Budget Code:	Percent
Budget Code:	Percent	Budget Code:	Percent
Recommended:Program Administrator	Date		
Approved: *	URYDO	 Date	
*The Executive Director will receiv 3 quarters and then monthly for A	· ·	·	category of employee for t
Onting the control of			
Setion It (Human Resources)			
Employee ID# Employee Name		Effective Date(s) – (Fro	om-To)