Date:

Section I: DEPARTMENT

RFP#:	
Department:	
Program:	
BOCES Title:	
Job Code:	
Location Code:	
Supervisor ID:	
Status*:	Work Year:

*SALARIED STAFF, LESS THAN 1 FTE, REQUIRE A WORK SCHEDULE ATTACHE MENT

Length of Workday:	_____a.m. to_____p.m.
Number of Hours/Week:	
Anticipated Effective Date(s):	From:
Budget Code(s) / Percent(s): (Must equal 100%)	___.____.____.____ ____%
	___.____.____.____ ____%
	___.____.____.____ ____%
Budgeted	
Check all that apply:	Eliminating Position Increased Enrollment New Business New Service/Position** Promotion** Student Related Service Other:_____
	Replacement for: Reason:

**MUST ATTACH MEMO PRO VIDIN54.

	XXX-XX-__ __ __ __

[redacted]	[redacted]
	Date: _____