

**South Colonie Central Schools
Change of School or Hours
For Support Personnel**

Name _____

Address _____

Current Position: _____

Present School or Location: _____

Change of School

Transferred to:

School or Location: _____

Position: _____

Replacing: _____

Reason for Replacing: _____

**Change of Hours
(Increase or Decrease)**

Current number of hours: _____

Change of hours: _____

Reason for Change: _____

Effective Date: _____

Agenda Date: _____

Note: A change of school only does not have to be approved by the Board of Education. Any change in hours or position **must** be approved by the Board of Education.