

**South Colonie Central Schools
Change of Appointment
For Support Personnel**

Name _____

Address _____

Current Position: _____

New Position: _____

Replacing: _____

Effective date of appointment: _____

Schedule and Step _____

Rate per hour _____

Number of hours per day _____

From _____ **to** _____

26 Week Probationary Period from _____ **to** _____

Agenda Date: _____

(Use for part time to full time or temporary to permanent.)