

**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:** \_\_\_\_\_

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

**Current number of hours:** \_\_\_\_\_

**Change of hours:** \_\_\_\_\_

**Reason for Change:** \_\_\_\_\_

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**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.