



5 BOCES Road, Poughkeepsie, NY 12601

NM/JS – 1st approval ____
Mailed to Contractor ____
Rec'd from Contractor ____
H/R– approval ____
NM – 2nd approval ____
JS final approval ____

**INCIDENTAL EMPLOYEE AGREEMENT
REQUEST FOR AMENDMENT**

TO: **NORAH MERRITT, ASSISTANT SUPERINTENDENT FOR HUMAN RESOURCES**

FROM: _____ PREPARED BY: _____

DATE: _____

NAME AND ADDRESS OF EMPLOYEE: _____

INCIDENTAL EMPLOYEE AGREEMENT #: _____

(PLEASE ATTACH A COPY OF THE ORIGINAL AGREEMENT)

AMOUNT OF ORIGINAL AGREEMENT: \$ _____

AMOUNT OF THIS INCREASE IN AGREEMENT: \$ _____

NEW TOTAL AMOUNT OF AGREEMENT: \$ _____

BUDGET CODE(S): _____

TYPE OF SERVICE: _____

DATE(S) OF SERVICE: _____

REASON FOR AMENDMENT: (Example: To increase number of hours/money)

HOURLY RATE: \$ _____ OR DAILY RATE: \$ _____ FOR _____ HOURS A DAY

APPROVED _____ DISAPPROVED _____ BY: _____