NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

PERSONNEL CHANGE NOTICE

REGION	LOCAL GOVERNMENT ENTITY	NOTIFICATION NO.	LOCAL FISCAL YEAR

Provider	Program Code Mod./Env.	Funding Code (Alcohol Only)	Employee Name/ Title	Date	FT PT	No. Hrs.	Annual Salary	Budgeted Salary

I hereby certify that the above individual(s) hired have met all established job qualifications and requirments.

Agency Action:

By_____
Authorized Signature

Title _____ Date _____

Local Government Entity, if applicable

By_____
Authorized Signature

Title _____ Date _____