



New York City Department of Education

Consultant Change Notice

1. DOCUMENT NUMBER

2. PROGRAM NAME

| | | | | | | | | | |
|-----------------------------------|--|------------------|--|---|-----------------|---------|--------------|--------|--|
| 3. TYPE OF CONSULTANT (Check Box) | | | | LEGAL | 4. PROGRAM NAME | | | | |
| EDUCATIONAL | | | | EVALUATION | ARTISTIC | | | | |
| MEDICAL | | | | 5. ROC/DISTRICT/FINANCIAL MANAGEMENT CENTER (FMC) | | | | | |
| 3a. CONSULTANT'S NAME | | | | 3b. | | | | | |
| 3c. MAILING ADDRESS | | | | Street | | ADDRESS | | Street | |
| 3d. City | | State | | Zip | | City | | State | |
| 6. SOCIAL SECURITY | | 7. APPROVAL DATE | | MM | DD | YY | FAMIS | | |
| | | | | | | | | | |

CHANGE TO:

| | | | | | | | | | | | | | | |
|-------------------------------------|----|--------------------|-----------------------|------------------|--|--|--|--|--|--|--|--|--|--|
| FROM ORIGINAL APPROVAL FORM: | | 9. RATE OF PAY PER | 10. NO. OF DAYS/HOURS | 11. TOTAL AMOUNT | | | | | | | | | | |
| 8. PERIOD OF AUTHORIZED SERVICE | | | | | | | | | | | | | | |
| FROM | TO | 20 | DAY | HOUR | | | | | | | | | | |

CHARGE TO:

| | | | | | | | | | | | | | | |
|----------------------------------|---------------------|-----------------------|------------------|------|--|--|--|--|--|--|--|--|--|--|
| 12. PERIOD OF AUTHORIZED SERVICE | 13. RATE OF PAY PER | 14. NO. OF DAYS/HOURS | 15. TOTAL AMOUNT | | | | | | | | | | | |
| FROM | TO | 20 | DAY | HOUR | | | | | | | | | | |

| | | | | |
|-----------------------------|-----------------|--------------|------------------------|------------------|
| FINANCIAL ACCOUNTING | 16. FISCAL YEAR | 17. LOCATION | 18. REPORTING CATEGORY | 19. NO. OF LINES |
| DOCUMENT NUMBER | | | | |
| | | | | 1 |

| 20. SFX | 21. TRANS CODE | 22. DOCUMENT REFERENCE | | 23. DIST. | 24. QUICK CODE | 25. OBJECT | 26. NET CHANGE | 27. CHECK ONE | |
|----------|----------------|------------------------|-----|-----------|----------------|------------|----------------|---------------|-----|
| | | Original Consultant | SFX | | | | | INC | DEC |
| 1 | | | | | | | | | |

28. **CERTIFICATION OF ROC/DISTRICT/FMC**
 I certify that sufficient funds are available and have been encumbered to the codes above. The expenditure is necessary to conduct the Educational or administrative project.

REASON FOR CHANGE:

 Superintendent, ROC Director or Executive Director

 Approval Date

29. NOTE: PERSONNEL APPROVAL IS REQUIRED FOR ALL CHANGES TO ORIGINAL ENCUMBERED AMOUNT.

Approval is hereby granted for the above named consultant at the rate indicated above. The person in charge of the program is Responsible for reviewing consultant progress including the timeliness of deliverables, goods and services.

THIS APPROVAL IS CONDITIONED UPON THE AVAILABILITY OF SUFFICIENT FUNDS IN THE BUDGET FOR THE PROJECT AND EXPIRES WITH THE EXPIRATION OF SUCH BUDGET.

REMARKS:

 Executive Director of The Division of Human Resources

 Approval Date

DISTRIBUTION

- Business Office
- Principle or Project Coordinator
- Consultant Monitoring Unit
- Roc/District or Approving Office
- Division of Human Resources