Clear Form

Notice of charge of Excess Salary - OTHER BOCES

DO NOT SEND THIS TO THE STATE AID UNIT

A copy of this memo should go to **EACH BOCES** being charged excess salaries during 2024-25 School Year (2025-26 Claim Year)

To: District Superintendent of Schools

Date: _____

BOCES _____

From: BOCES _____

We are charging your Board a total of $$ 0.00 _____ excess salaries paid in 2024-25. This is for use in completing the SA-101A (Excess Charged from Other BOCES Distribution Worksheet) for State Aid during 2025-26.

The total is broken down as follows:

Program (Please complete all fields for each program)			**Excess Salary Amount**
Name	*Activity Code*	*CoSer No. & Letter*	
e.g. Model Schools	***6368***	***500B***	