

# NYS Department of Corrections & Community Supervision

## Location Preference Sheet

**Name:** (please print) \_\_\_\_\_

**Title:** Licensed Practical Nurse

### Please read carefully prior to completing

Please indicate below which facilities you would accept appointment at, should a vacancy occur. If you receive a passing score, you will be considered only for appointment (**permanent and/or temporary part time or full time**) to those facilities in which you express an interest. If, at a later date, you would be willing to accept appointment at a location(s) other than those you now indicate, please notify the Bureau of Personnel. This form should be completed and returned to:

Bureau Of Personnel  
NYS Department of Corrections & Community Supervision  
The Harriman State Campus  
1220 Washington Ave  
Albany, NY 12226

PERM	TEMP	
_____	_____	ALBION (Orleans Co.)
_____	_____	ATTICA (Wyoming Co.)
_____	_____	AUBURN (Cayuga Co.)
_____	_____	BEDFORD HILLS (Westchester Co.)
_____	_____	CLINTON (Clinton Co.)
_____	_____	COXSACKIE (Greene Co.)
_____	_____	FISHKILL (Dutchess Co.)
_____	_____	FIVE POINTS (Seneca Co.)
_____	_____	FRANKLIN (Franklin Co.)
_____	_____	GREAT MEADOW (Washington Co.)
_____	_____	GREEN HAVEN (Dutchess Co.)
_____	_____	GREENE (Greene Co.)*
_____	_____	GROVELAND (Livingston Co.)
_____	_____	HUDSON (Columbia Co.)
_____	_____	LAKEVIEW (Chautauqua Co.)
_____	_____	MAIN OFFICE - ALBANY (Albany Co.)
_____	_____	MARCY (Oneida Co.)
_____	_____	MOHAWK (Oneida Co.)
_____	_____	SING SING (Westchester Co.)
_____	_____	UPSTATE (Franklin Co.)
_____	_____	SOUTHPORT (Chemung Co.)
_____	_____	UPSTATE (Franklin Co.)
_____	_____	WASHINGTON (Washington Co.)
_____	_____	WENDE (Erie Co.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Date**

If at any time in the future your address, telephone number or location preference changes, you must notify us in writing.  
Please include the list number, title and your social security number.