

**NYS Department of Corrections & Community Supervision
Location Preference Sheet**

Name: (please print) _____

Title: Pharmacist

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.)
_____	_____	CAPE VINCENT (Jefferson Co.)
_____	_____	CLINTON (Clinton Co.)
_____	_____	COLLINS (Erie Co.)
_____	_____	COXSACKIE (Greene Co.)
_____	_____	DOWNSTATE (Dutchess Co.)
_____	_____	ELMIRA (Chemung Co.)
_____	_____	FISHKILL (Dutchess Co.)
_____	_____	FRANKLIN (Franklin Co.)
_____	_____	GREAT MEADOW (Washington Co.)
_____	_____	GREEN HAVEN (Dutchess Co.)
_____	_____	MARCY (Oneida Co.)
_____	_____	MOHAWK (Oneida Co.)
_____	_____	RIVERVIEW (St. Lawrence Co.)
_____	_____	SING SING (Westchester Co.)
_____	_____	ULSTER (Ulster 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.