



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

School Nutrition Programs (SNP)

**Notice of Change of Personnel**



SNP agreement number: \_\_\_\_\_

Complete this form when a staffing change in the indicated positions occurs during the school year.

SNP is notified that effective:

\_\_\_\_\_ Date

\_\_\_\_\_  
Name of employee Title

will assume the responsibilities of the following position(s). Check all that apply:

- **School food authority official/administrator.** Person authorized to administer the SNP.
- **Authorized representative.** Person authorized to sign Form 23CD006E, Reimbursement Claim.
- **Food service manager.** Person responsible for supervising the school food service program.

\_\_\_\_\_  
Signature of school food authority official/administrator Date

\_\_\_\_\_  
Type or print name and title of school food authority official/administrator

Name of school or facility			
Street or P.O. Box mailing address	City	State	Zip
Email address			

Send one copy of this form to the Oklahoma Department of Human Services (OKDHS), School Nutrition Program, P.O. Box 25352, Oklahoma City, OK 73125-0352, or fax it to 405-521-6949.