

CORNWALL CENTRAL SCHOOL DISTRICT
 APPLICATION FOR SALARY ADJUSTMENT

Submit this form to the Supt. of Schools
 as soon as possible, but not later than
October 31st

NAME _____

DATE _____

According to my records, I am eligible for a salary adjustment for the 20__ – 20__ school year.

My previous column was:

BA BA+15 BA+30 BA+45 BA+60 MA MA+15 MA+30

I have completed the following graduate/in-service work:

<u>COURSE</u>	<u>SEMESTER</u>	<u>UNIVERSITY</u>	<u>+ OF CREDITS</u>	<u>OFFICIAL TRANSCRIPT ORDERED</u>	
				<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	___	___
_____	_____	_____	_____	___	___
_____	_____	_____	_____	___	___
_____	_____	_____	_____	___	___

N.B. All courses submitted for salary credit must conform to the requirements specified in Article IV of the Negotiated Agreement.

Upon receipt of this form, you will be notified which transcripts have/have not been received.

DO NOT WRITE BELOW THIS SPACE

Official Transcripts Received	_____	Credits Approved	_____
	_____		_____
	_____		_____
	_____		_____

Salary Adjustment Approved:

From _____ To _____

Effective _____

 Superintendent of Schools