

**WASHINGTONVILLE CENTRAL SCHOOL DISTRICT
APPLICATION FOR SALARY ADJUSTMENT**

NAME _____

DATE _____

Submit this form to the Personnel Office no later than October 1st for the first semester and no later than March 1st for the second semester.

Previous salary column (check one):

BA	BA+9	BA+18	BA+27	BA+36	BA+45	BA+54	BA+60		
MA+6	MA+12	MA+18	MA+24	MA+30	MA+36	MA+42	MA+48	MA+54	MA+60

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

COURSE	DATE COMPLETED	UNIVERSITY or OTHER PROF. DEV. PROVIDER	NUMBER OF CREDITS	OFFICIAL TRANSCRIPT ORDERED	
				YES	NO

All courses submitted for salary credit must conform to the requirements specified in the WTA contract.

DO NOT WRITE BELOW THIS SPACE

Official Transcripts Received _____

Credits Approved _____

Salary Adjustment Approved:

From _____ to _____

Effective _____

Assistant Superintendent for Personnel