



TRENTON BOARD OF EDUCATION

Human Resources Department

108 N. Clinton Ave.

Trenton, NJ 08609

Phone (609) 656-4900 Fax (609) 278-3081

APPLICATION FOR SUPERMAXIMUM INCREMENT

-For TEA Members Only-

Date: ____/____/____

Name of Applicant: _____
First M.I. Last

School / Department: _____ Current Position: _____

Home Number: (____) _____ Cell Number: (____) _____ Work Number: (____) _____

Application is for Advancement From (Check One):

B.A. to B. A. +30 (5th)

B.A. + 30 to B.A. + 60

B.A. + 30 to M.A. (6th)

B.A. + 60 to B. A. + 90 (7th)

B.A. to M.A. (6th)

M.A. to M.A. + 30 (6th)

M.A. + 30 to M.A. + 60

APPLICANT SIGNATURE

DATE

FOR PERSONNEL OFFICE USE ONLY

Action by Human Resources Administrator: Approved Denied Board Agenda: _____

Current Salary: \$ _____ Educational Level: _____ Step on Guide: _____

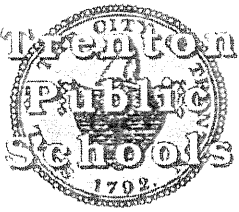
Salary to be adjusted to: \$ _____ Educational Level: _____ Step on Guide: _____

Amount of adjustment: \$ _____ Effective Date: _____ Step on Guide: _____

Application Reviewed by: _____ Date: ____/____/____

Application Approved by: _____ Date: ____/____/____

COMMENTS: _____



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APPLICANT MUST ATTACH OFFICIAL TRANSCRIPTS IN A SEALED ENVELOPE
PLEASE NOTE NO PHOTO COPIES WILL BE ACCEPTED.

#	NAME OF COURSE	INSTITUTION WHERE TAKEN	NUMBER OF CREDITS	DATE TAKEN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

TOTAL NO. OF CREDITS: _____



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APPLICANT MUST ATTACH OFFICIAL ORIGINAL PROFESSIONAL DEVELOPMENT CERTIFICATES
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#	PROFESSIONAL DEVELOPMENT IN SERVICE CREDITS	NAME OF WORKSHOP	NUMBER OF HOURS	DATE TAKEN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

TOTAL NO. OF P.D. HOURS: _____

TOTAL NO. OF CREDITS: _____