

TRENTON BOARD OF EDUCATION
 Human Resources Department
 108 N. Clinton Ave.
 Trenton, NJ 08609
 Phone (609) 656-4900 Fax (609) 278-3081

APPLICATION FOR SALARY ADJUSTMENT
-For Support Staff Only-

Date: ____/____/____

Name of Applicant: _____
First M.I. Last

School / Department: _____ Current Position: _____ Bargaining Unit: _____

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

Application is for Advancement From (Check One):

- 15 Credits 30 Credits 45 Credits
- 60 Credits 75 Credits 90 Credits
- 105 Credits 120 Credits (B.A.)

Professional Development Hours:

- 10 Hours 20 Hours
 - 30 Hours 40 Hours
 - 50 Hours 60 Hours
- 10 Hours of P.D. = 1 Credit*

 APPLICANT SIGNATURE

 DATE

FOR PERSONNEL OFFICE USE ONLY

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

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

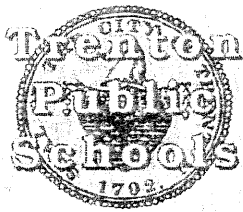
Salary to be adjusted to: \$ _____ Educational Level: _____ Step on Guide: _____

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

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

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

COMMENTS: _____



TRENTON BOARD OF EDUCATION

Human Resources Department

108 N. Clinton Ave.

Trenton, NJ 08609

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

APPLICATION FOR SALARY ADJUSTMENT

-For Support Staff Only-

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.				

#	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.				

TOTAL NO. OF CREDITS: _____