

SKANEATELES CENTRAL SCHOOL DISTRICT

College Course/Certification Salary Credit Claim

In accordance with Article IX of the Professional Agreement, I hereby request that my salary be adjusted based on the course(s) identified on this form. I have obtained prior written approval, where necessary. All courses necessary to justify a salary adjustment must be listed. Please do not submit partial or incomplete lists.

Notes:

1. This form must be submitted no later than eighteen (18) months after completion of course(s).
2. Proof of successful completion of the course(s), such as a transcript or grade report, must be attached to this form.
3. If the tuition reimbursement option is selected, you must complete and submit a claim form along with a copy of the college bill with this form.

Type of Compensation

Salary Credit

Permanent or Professional Certification¹

Course Title	Course Number	College/University	Date Completed	Final Grade	Credit Hours	Approval
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Credit Hours – Office Use Only						

Teacher's Name (Print): _____

Teacher's Signature: _____ **Date:** _____

Business Manager's Signature: _____ **Date:** _____

¹Please attach a copy of your permanent or professional certification to this form.

A copy of this form will be returned to the staff member. Please retain the copy for your records.