

# SKANEATELES CENTRAL SCHOOL DISTRICT

## In-Service Salary Credit Claim

In accordance with Article IX of the Professional Agreement, I hereby request that my salary be adjusted based on the in-service programs(s) identified on this form. I have obtained prior written approval. All in-service programs necessary to justify a salary adjustment must be listed.

- Notes:**
1. In-Service programs must occur outside of the contractual work day in order to be eligible for a salary adjustment.
  2. If you received financial compensation as an instructor for an in-service activity, you are not eligible in-service credit.
  3. Ten (10) in-service hours will amount to a one (1) credit salary adjustment.
  4. Proof of successful completion of the in-service program, such as a certificate and proof of prior approval, must be attached to this form.

In-Service Program Title	Instructor	Where Taken	Date Completed	Final Grade	In-Service 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
						<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
<b>Total In-Service Hours – Office Use Only</b>						

**Teacher's Name (Print):** \_\_\_\_\_

**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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