

**SEAFORD UNION FREE SCHOOL DISTRICT
SEAFORD, NEW YORK**

SALARY ADJUSTMENT FOR POINTS
(Minimum + 15)

20____ - 20____ School Year

Name _____

School Building _____

Grade or Subject Taught _____

Base Salary for School Year 20____ - 20____ \$ _____

(This should be the contract amount for the school year to which the additional credit adjustment will be applied.)

Status Last Approved at Seaford _____
(BA, BA + 15, etc.)

STEP _____

Describe transcripts included for this adjustment: (OFFICIAL TRANSCRIPTS to be forwarded by college to Assistant Superintendent's office)

<u>College</u>	<u>Course #</u>	<u>Course Title</u>	<u>Date Completed</u>	<u>Credits Earned</u>

The applicant for adjustment attests to the fact that the additional credits requested have not been previously evaluated for any type of increment or salary increase.

Date

Signature

APPROVED BY SUPERINTENDENT

\$ _____ Base Salary
\$ _____ Additional Allowance
\$ _____ Total Adjusted Salary

Effective Date _____

Date

Signature