

Tuxedo Union Free School District
Request for Transfer of Salary Schedule

Name: _____ Date: _____

Address: _____

SS#: _____ NYS Retirement #: _____ First date of service: _____

Current Step & Column: _____ Salary: _____

Requested Step & Column: _____ Salary: _____

Credits Claimed

<u>Date</u>	<u>Name of Institution</u>	<u>Course #</u>	<u>Course Title</u>	<u>Credits</u>	<u>Grade</u>

Evidence filed: _____

Teacher Signature: _____

Approved (superintendent): _____ Date: _____

Teachers that are applying for additional pay for earned graduate credits must submit applications and transcripts for approval to the superintendent by September 15th or January 15th for the new pay schedule to be put into effect by September 30th or January 30th, respectively.

Copy to: Teacher, Treasurer