

APPLICATION FOR SALARY INCREMENT

PLEASE SEND THE COMPLETED FORM TO:
OFFICE OF HUMAN RESOURCES
400 LAKE STREET
ITHACA, NEW YORK 14850

In accordance with Article XXVI, Section C (Graduate Increments) of the current Agreement between the Ithaca teachers Association and Superintendent of Schools, I would like to apply for a salary increment of \$_____, effective September 1_____ for a block of February 1_____ _____ hours of graduate and / or inservice work completed as listed (number) below:

School or Institution	Name of Course	No. of Hours	Date Completed

Verification of completion of the above course is attached _____

Verification will follow by: October 1 _____ by March 1 _____

Signed _____

Printed Name _____

School _____

Date _____

APPROVED: _____ **DATE** _____

Total hours on record as of above date: _____