WEST ISLIP PUBLIC SCHOOLS West Islip, New York

REQUEST FOR SALARY ADJUSTMENT

| Name | School |
|---------------------------|--------------------------|
| Salary before adjustment | Salary after adjustment |
| Step before adjustment | Step after adjustment |
| Credits before adjustment | Credits after adjustment |

Effective as of

| COLLEGE | COURSE | DATE | CREDITS |
|---------|--------|-------|---------|
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| | | TOTAL | 15 = |
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Approved by

Superintendent of School

Date

Copies: Payroll (White); Personnel File (Blue); File Copy (Pink); Teacher (Yellow)

Payroll Use Only: _____ Finance Manager _____ Payroll Card