

NOTIFICATION OF RECLASSIFICATION FOR SALARY INCREASE

BUSINESS OFFICE USE ONLY

DATE RECEIVED: _____

APPROVED: _____
Superintendent Signature

NAME: _____

CURRENT POSITION: _____

COURSES TAKEN FOR SIX (6) CREDIT HOURS RECLASSIFICATION

<u>COURSE</u>	<u>CREDIT RECEIVED</u>
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____
6.) _____	_____

TOTAL = 6 CREDITS

Please complete this form and attach verification of courses completed.

Return all paperwork to:

BUSINESS OFFICE
Frankfort-Schuyler Central School
605 Palmer Street
Frankfort, NY 13340

Signature

Date