

# Pittsford Schools

## GRADUATE DEGREE COMPLETION FORM

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

GRADUATE DEGREE EARNED: \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

DATE DEGREE CONFERRED: \_\_\_\_\_

Per section 1-2-6 of the Agreement between the Board of Education and the Pittsford District, please attach proof indicating successful completion of the graduate degree (unofficial transcript or copy of diploma).

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RECEIVED BY HUMAN RESOURCES ON: \_\_\_\_\_  
(Date)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Salary Adjustment credited:  September 1<sup>st</sup>  February 1st