

Franklinville Central School

Request for Salary Adjustment

Name

Date

Highest Degree Now Completed _____

Note: All claimed credited coursework must be related to your professional area.
Please list graduate courses being submitted for salary adjustment:

Course Title	School	No. of Hours

Original transcripts must be submitted before adjustments can be made.

Salary before adjustment _____

Amount of adjustment _____

Adjusted salary _____

Approved _____
Superintendent

Date _____