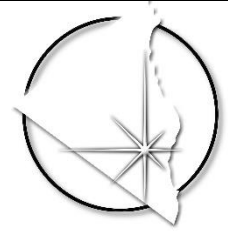


ROCKLAND BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

65 Parrott Road, West Nyack, NY 10994
WWW.ROCKLANDBOCES.ORG



SUBMIT TO THE OFFICE OF HUMAN RESOURCES WELL IN ADVANCE OF EFFECTIVE DATE

REQUEST FOR SALARY CHANGE-ADDITIONAL EDUCATION CREDITS

Name: _____

Signature: _____ Date Submitted: _____

Current Position: _____ Teaching Assistant
_____ Crisis Teaching Assistant

Salary Change Request:
(check **one** box)

- Associates Degree
 60 College Credits
 Bachelor's Degree and Teacher Certification

List Type of Certification

- Enrolled in Master's Program in School-Related Profession

List School

List Name of Master's program

Attach or mail **OFFICIAL SEALED TRANSCRIPTS** to verify the above to:

Rockland BOCES, Office of Human Resources, Building 4 65 Parrott Road West Nyack, NY 10994

Electronic Transcripts will not be accepted.

OFFICIAL TRANSCRIPTS for courses taken prior to September 1st **must** be received by the Office of Human Resources by October 1st to be effective September 1st and by March 1st to be effective by February 1st.

Executive Director of Human Resources

Date

Effective Date of Salary Change