

Please return this form to Mr. McDaniel ONLY if you earned additional college hours which may affect your placement on the salary schedule for the upcoming school year

NAME _____

COLLEGE HOURS EARNED THIS SUMMER _____

PLACEMENT ON THE SALARY SCHEDULE WITH THE ADDITION OF THESE HOURS (PLEASE CIRCLE).

BS+8 BS+16 BS+24 MS MS+8 MS+16 MS+24 MS+32

Approved: _____ *Date:* _____

Superintendent

***Personnel File needs pulled and Transcripts must be submitted directly to Mr. McDaniel for review and discussion before hours are applied to salary ***