



CINCINNATUS CENTRAL SCHOOL

Prior Approval

Inservice _____	Number of Hours _____	TRC _____ (Teacher Resource Center)	_____
Contract Days _____	Number of Days _____	Off Campus _____ (specify Location)	_____
Reimbursement _____	Amount _____		
Graduate _____	Number of Credits _____	Other _____	_____

Date: _____ Name: _____

Title of Activity: _____

Presenter: _____ Date of Activity: _____

If activity is off campus, provide brochure or written description. A document verifying attendance is required and forwarded to the Personnel Office in order for any credit or salary adjustment.

Employee Signature _____ Superintendent Signature _____ Date _____

TO BE COMPLETED BY PERSONNEL OFFICE					
	Degree	Graduate	Contract	Inservice	Total Credits
Current Total	_____	_____	_____	_____	_____
This Credit	_____	_____	_____	_____	_____
New Total	_____	_____	_____	_____	_____
Current Salary	_____ + Adjustment		_____	= New Salary	_____
	Effective Date of Adjustment				_____
Prepared By:	_____				
Approved By:	_____		Date:	_____	

SUBMIT TO PERSONNEL OFFICE

I elect to process _____ Inservice/Graduate Hours which are eligible for me to apply to my salary base. Please adjust my salary according to Contract. (Subject to verification) Compensation is granted for a full year if received by September 30 and for ½ year if received by February 28. Signature: _____ Date: _____