

*Cold Spring Harbor Central School District
Cold Spring Harbor, New York 11724*

*Administrative Office
Denise Campbell, Assistant Superintendent
for Student Services & Personnel
(631) 367-5936*

REQUEST FOR CORRECTIONS/CHANGES TO SALARY AGREEMENT

- INSTRUCTIONS:** 1. MUST BE COMPLETED BY EMPLOYEE.
2. ADVANCED APPROVAL FOR COURSE CREDIT FORMS ARE REQUIRED FOR ALL COURSES BEING APPLIED TO LANE CHANGE.

EMPLOYEE NAME (Last, First, MI): _____

CURRENT STEP/COLUMN: _____ **ANTICIPATED STEP/COLUMN:** _____

POSITION/SCHOOL: _____

REASON FOR REQUEST: WRONG STEP/COLUMN ERROR IN LONGEVITY STIPEND
 OTHER (i.e, Continuing Education)

EXPLANATION:

..... PLEASE ATTACH OFFICIAL TRANSCRIPT(S) AND/OR COURSE COMPLETION CERTIFICATE(S), IF APPLICABLE

EMPLOYEE SIGNATURE DATE

Date Recv'd by Human Resources _____

For Office Use Only:

Course Approvals/Cert. Completion/Transcript Attached

Step/Column Approved _____

Denise Campbell, Assistant Superintendent
for Student Services & Human Resources