

# TRAINING AND EXPERIENCE INCENTIVE PROGRAM APPLICATION

Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Current Step on Salary Schedule and number of hours above that level.

<b>Step</b>	<b>Hours above this level</b>
-------------	-------------------------------

BA	_____
----	-------

BA + 15	_____
---------	-------

MA	_____
----	-------

MA + 15	_____
---------	-------

Expected completion date \_\_\_\_\_

Signature \_\_\_\_\_

Turn this form in at the Human Resources Office with **official transcripts** and **receipts**. It is your responsibility to notify the Human Resources Office of any changes in experience or training.

Approval for payment \_\_\_\_\_

Pam Thompson, Assistant Superintendent for Human Resources

Date \_\_\_\_\_