Riverhead Central School District
Request for Salary Advancement

Name_____ School_____ Dept/Grade_____

Present Step_____ Date_____ Employee #_____

Request Advancement to Step _____ Total Inservice/Graduate Credits_____

Courses completed for this advancement:

Course Title	Where Taken	Date Completed	Graduate Credit	In-Service Credit

Signature_____ Total_____

FOR DISTRICT USE ONLY:

Guide_____
Step_____
Salary_____
1/200_____

Recommendation approved by Superintendent on _____
for advancement to Step _____; Effective date:_____

_____
Dr. Lois Etzel, Assistant Superintendent for Curriculum & Instruction

7/10 forms/salary advancement/dg