

Name _____ Social Security No. _____ Position _____

In accordance with the provisions of the OCMBFT contract, this application, with attached transcript(s) or other proof of completion, is submitted for salary adjustment as follows:

Degree Completed: _____ (only include if degree is to be paid on this adjustment) Credit hours completed for this adjustment: _____
Graduate Undergraduate Inservice

List courses to be credited: (Attach additional sheet if necessary)

<u>Course Title</u>	<u>Institution/ Agency</u>	<u>Sem. Hrs.</u>	<u>Clock Hours (inservice cr. only)</u>	<u>Code*</u>

*Code: 1 = graduate credit 2 = undergraduate credit 3 = inservice credit

Employee Signature _____ Date _____

Personnel Department Use Only

	Degree	Graduate	Undergraduate	Inservice	Total Credits
1. Current Compensable Total	_____	_____	_____	_____	_____
2. This Transaction + Previous Residual	_____	_____	_____	_____	_____
3. New Cumulative Total	_____	_____	_____	_____	_____
4. New Compensable Total	_____	_____	_____	_____	_____
5. New Residual	_____	_____	_____	_____	_____

\$ _____ + \$ _____ = \$ _____
Current Salary Rate Adjustment New Salary Rate

_____ Degree @ \$ _____ = \$ _____
 +
 _____ Cr. Hrs. @ \$ _____ = \$ _____
 +
 _____ Cr. Hrs. @ \$ _____ = \$ _____

Total Adjustment = \$ _____
Effective Date of Adjustment

Approved _____ Date _____