BEDFORD CSD

REQUEST FOR SALARY CREDITS

(No Less Than 9 Credits from a combination of College, Universities, Out of District and In-District In-Service Credits may be submitted)

Employee Name:	Employee Number:			
College/University or Bedford Staff Dev. Center	Course Description	# of Graduate Credits Earned	# of In- Service Credit Earned	Transcript/ Certificate Attached (Y or N)**
TOTAL				

**ORIGINAL TRANSCRIPTS AND/OR CERTIFICATES MUST BE ATTACHED TO THIS FORM. IF NOT, THE FORM WILL BE RETURNED AND WILL NOT BE PROCESSED. RETURN PACKET TO THE HUMAN RESOURCES DEPT.

Date:

Employee Signature: