# NEW YORK CITY BOARD OF EDUCATION DIVISION OF HUMAN RESOURCES OFFICE OF RECRUITMENT, PERSONNEL ASSESSMENT AND LICENSING 65 COURT STREET BROOKLYN, NEW YORK 11201

July 11, 1997

RHONDA WEINGARTEN

FILE NUMBER:

LICENSE: 691B

DESCRIPTION: SOCIAL STUDIES DHS

LIST CODE: TT HRS STAT: 1RL

Dear Ms. WEINGARTEN:

According to official records, you did not submit required documentation confirming that you have met the full preparation requirements for licensure (Chancellor's Requirements) for the above-referenced New York City Regular License. Pursuant to Chancellor's Regulation C-205, you are required to complete within two years of your appointment date two (2) semester hours of collegiate study in Human Relations and six (6) semester hours of approaches to the teaching of special education children.

Please be advised that as a result of your failure to complete full preparation requirements for licensure by the June 30, 1997 deadline, your regular license will be terminated prior to the start of the 1997-1998 school year. Consequently, you will revert to regular substitute status and your salary code will be reduced to Step 4A.

NOTE: Submission of all required documentation by August 28, 1997 will prevent your license from being terminated.

Please be further advised that although the termination of your license will adversely effect your appointment and salary status, this action will not effect your employment in your current district and school. Therefore, you have the option to continue serving in your present position as a full-time regular substitute until such time that reinstatement is possible. If, however, you choose not to continue in your current position, you are advised to contact your district's personnel director immediately.

Upon completion of your required course work, transcripts (student copies acceptable) and other required documentation must be submitted to the ORPAL License Validation Unit for possible reinstatement to former license service and status.

You are urged to contact the ORPAL License Validation Unit at 718 935-2462 if you have any questions regarding this matter.

Thank you for your cooperation.

Sincerely, Steven L. Catalano Chief Administrator ORPAL

slc:tn

Surname, First Name, Middle Initial -Regularly Appointed		Borough ular Substitute		Sec. No.	File Number Diem Substitut
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		Salary	Effe	ctive Date of A	ction
Staff Member's Name and Home Ad	dress	Differential	Previously Granted	Now Cancelled	Now Granted
Rhonda Weingarten		First Differential			9/1/94
, was the state of		Promotional Differential		·	9/1/94
		Intermediate Differential			
		Second Differential			9/1/94
License:					
Social Studies					**************************************
As shown above, the employee named is proper certification of service, is to cellation is indicated, differentials	entitled to to be paid acc previously g	the salary diff ording to the a ranted continue	erential or diff ppropriate salar	erentials indic y schedule. Ex	ated and, upon cept when can-
Date Issued: 10/3/94		Issued by:	S. Rothman,	/md	

FOR THE CHANCELLOR

File # Date Issued 10/08/94

~ 691B 82

# NEW YORK CITY PUBLIC SCHOOLS CERTIFICATE TO SERVE AS A SUBSTITUTE

Teacher of Social Studies in Day High Schools

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Rhonda Weingarten

Effective Date D5/11/94 Expiration Date D8/31/94

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This certificate is issued for:

Preparatory Provisional Service on the basis of having made application for a New York State Temporary License which requires timely progression toward the attainment of New York State Provisional Certification.

This certificate is issued to the above person in accordance with Regulations of the Chancellor, and given under authority of the Board of Education of the City of New York. This Certificate is valid for substitute service in the New York City Public Schools.

No Certificate shall be renewed unless the holder has rendered satisfactory service and has fulfilled his/her education plan commitment. Failure to renew by the expiration date may result in termination of employment.

Signature of certificate holder

(Must be signed in ink before first day of service)

Please verify the accuracy of the information above. Report address changes to Human Resources, 55 Court St - Room 801

Brooklyn, NY 11201

# Salary Differentials and Salary Step Credit/Equated Date

\* Regularly appointed pedagogical employees are required to apply for \* salary differentials, for a salary step placement and for an equated \* date within ninety days of the date of appointment. Substititute \* pedagogical employees must apply for differentials and credit for \* outside experience within ninety days of the date of original \* license or certificate, if eligible. There are penalties for late \* filing. Acknowledgements of receipt will be supplied for all salary \* applications and should be retained for your records. All inquiries \* and requests for Applications for Salary Differentials and \* and requests for Applications for Salary Differentials and \* Applications for Allowable Salary Credit for Prior Experience \* Applications for Step Placement) should be addressed to the Bureau of \* (necessary for Step Placement) should be addressed to the Street, \*

# THE CITY SCHOOL DISTRICT OF NEW YORK OFFICE OF PERSONNEL

# MEDICAL RECOMMENDATION FORM (Locally Selected Teacher)

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REC	OPPENDATION OF HEDICAL	NOISION
DATE 5/26/9	94	Collove (NS Examining Physician

Office of Recruitment, Personnel Assessment and Licensine 65 Court Street • Bracklyn, New York 1120

**EXAMS** 

**OLLEGE** 

# APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

l h	ereby apply for a license or certificate with the Ne	w York City Public Schools as indicated below.						
1.	REGULAR LICENSE FOR APPOINTMENT  Based upon possession of valid NYS Certification:  Certificate of Qualification Provisional NYS Certificate Permanent NYS Certificate  Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)	3. C NOT APPLICABLE  4. CFTTTCHE TO COLLEGIOUS STREET, SI NOT APPLICABLE  D: (5						
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[	SERICUAL: If a bilingual license/certificate is sought, i	indicate tanguage:						
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# PERSONAL DATA

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<sup>\*</sup>A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.

NEW YORK CITY BOARD OF EDUCATION DIVISION OF PERSONNEL Bureau of Salary Differentials and Status 65 Court Street - Room 508, Brooklyn, New York 11201 Tel. (718) 935-2643 Form BE/DOP 9938A (Rev. 2/88) personne

Form BE/DOP 9938A (Rev. 2/88) pers

LEGIBLY PRINT ALL INFORMATION

### **APPLICATION FOR ALLOWABLE** SALARY CREDIT FOR PRIOR EXPERIENCE

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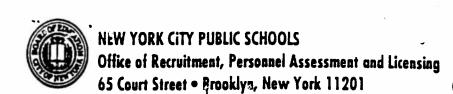
# SECTION 3 - PRIOR ALLOWABLE RELATED NON-TEACHING EXPERIENCE

Both appointees and substitutes are to complete this section completely and legibly when making a salary claim for prior related non-teaching experience in accordance with Chancellor's Regualtions. Appointees may claim allowable experience gained in the ten-year period immediately preceding their original license/certificate. Satisfactory, related experience performed in the military service may be claimed in this Section. Applicants should carefully address the Verification of Business, Clinical or Trade Employment questionnaire for each such employment claimed. The following licenses qualify for this type of salary credit: Teachers of Shop Subjects/Trades, Technical Subjects, Industrial Arts, Home Economics, Accounting and Business Attendance Teacher. Also Laboratory Specialists and Laboratory Technicians, School Secretaries, Guidance Counselors, School Social Workers, School Psychologists and School APPOINTEES MUST FILE CLAIMS EVEN IF THEY FILED AS SUBSTITUTES.

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MONTH DAY YEAR

COLLEGE EXAMS

## APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

I he	reby apply for a license or certificate with the Nev	v York City Public Schools as Indicated below.					
2.	REGULAR LICENSE FOR APPOINTMENT  Based upon possession of valid NYS Certification:  Certificate of Qualification Provisional NYS Certificate Permanent NYS Certificate  Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)  ATTEDMATE LICENSING METHOD  School Scann NOT APPLICABLE  School Scann School School Scann NOT APPLICABLE  NOT APPLICABLE	3. C NOT APPLICABLE  4. CITTORIA TOR OCCUSIONIN ACT OFFICE USE ONLY - NTE TEST SCORES  CORE BATTERY  GK PK CS DATE  SPEC AREA SCORE DATE					
5.	BREIGUAL: If a billingual license/certificate is sought,	Indicate language:					
7.	SUPERVISOR/ADMINISTRATOR  SURLECT AREA  TEACHER  SUBJECT AREA  SCHOOL PSYCHOLOGIST  SCHOOL SOCIAL WORKER  GUIDANCE COUNSELOR  SCHOOL PSYCHIATRIST  LAI  LAI  NOT APPLICABLE  SCHOOL MEDICAL INSPECTOR	8. SCHOOL PSYCHOLOGIST-IN-TRAINING  SUBSTITUTE SCHOOL SECRETARY INTERN  SI NOT APPLICABLE  HOME ECONOMICS TEACHER'S ASSISTANT  TECHNOLOGY EDUCATION TEACHER'S ASSISTANT  TEACHER OF ADULTS  SUBSTITUTE SCHOOL SECRETARY INTERN  THE NOT APPLICABLE  NOT APPLICABLE  SPECETY					
9.	LEVEL:  ELEMENTARY SCHOOL  AURBOR HIGH SCHOOL  DAY SCHOOL  OTHER	i i					
	10. PLEASE PRINT OR TYPE						
W	EINGARTEN '	FRST NAME ML					
		SOCIAL SECURITY (					

# **EMPLOYMENT HISTORY**

If YES, list license or certifical  Name, number and address of school	From	SChoo"	License or Certificate heid Incube type of service	Hours	Days per	1	Name, a	ddress
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List other experience in school	1	ino with	<u> </u>	CYPOSION	1	-		
Name, number and address of school	From	То	License or Certificate held (straute type of service) and subject area	Hours per day	Days per year	i :	Name, so dititle of si	idress ipervis:
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RA - regular appointed RS - regular substitute LP - long term per diem OP - occasional per diem	SU sup	nnstrative ervisory iprolession	SS -summe	g school of session ury unpaid s	<del>o</del> rvice	PR -p	ivi. service racticum ludent teac	ning
17. EXPERIENCE OTHER THA include all employment whatever	.N IN SCI	HOOLS	st ten vears head	nning wi				
Employer's name and add	125		Capacity in which em		From	To	Hours per week	Wee pe yea
(State family relationship, If								
(State family relationship, If								
(State family relationship, If		ı		1				

18. PERIODS OF UNEMPLOYMENT

#### criminal action?

3.	Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?	3.
4	Have you ever received an unsatisfactory rating in conjunction with any pedagogica employment?	4.
5	Have you ever been disqualified for employment for any civil service position?	5
£	Have you ever been discharged or required to resign from any position (other than layoff due to reduction in work force)?	Ē.
7 <b>a</b>	Have charges ever been preferred against you by an employer?	7a
b	Were the charges sustained?	7b
ε	Have you ever resigned as an alternative to facing charges or dismissat?	3
ç	Have you ever had a license or certificate denied or terminated by the Board of Examiners or the Board of Education because of unsatisfactory teaching, fingerprint or medical record?	Ĉ
10	Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record?	10

#### 20. ATTESTATION

- I have read the eligibility requirements for this license/certificate for which I am filing this application. To the best of my knowledge and belief I now meet, or shall meet, the requirements by the appropriate date.
- 20b. I understand that if I am not State certified and I serve as an occasional per diem substitute for more than 40 days in one school year, I must reduce my educational deficiencies by completing at least six (6) credits prior to being considered for renewal of my certificate.

#### WARNING:

According to law, a person knowingly making a false written statement on an application in order to obtain a license/certificate is guilty of a Class E Felony.

20c. I hereby certify that my statements contained herein and in any explanatory enclosures are to the best of my knowledge and belief, true and correct. I understand that any omission and/or misstatement of material facts may cause denial of the license/certificate or invalidation thereof, may be incorporated in my record in connection with any future application and may be referred for prosecution to the office of the District Attorney.

Signature of applicant Date 3 3899	Signature of applican	XWM	Date3	3894	
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It is the policy of the New York City Board of Edusation not to discriminate on the basis of race, color, creed, religion, national origin, age, handicapping condition, marital status, sexual orientation, or sex in its educational programs, activities, and employment policies, as required by law. Inquiries regarding compliance with appropriate laws may be directed to the Director, Office of Equal Opportunity, 110 Livingston Street-Room 601, Bill Kiyn, New York 11201; or to the Director, Office of Civil Rights, U.S. Department of Education, 26 Federal Plaza, Room 33-130, New York, New York 10278.

DATE			
	MONTH	DAY	YEAR

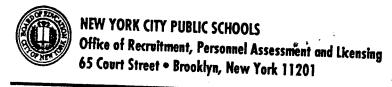
# APPLICATION FOR PEDAGOGICAL LICENSE OR CERTIFICATE

I hereby apply for a license or certificate with the Nev	w York City Public Schools as indicated below.
1. REGULAR LICENSE FOR APPOINTMENT  Based upon possession of valid NYS Certification:  Certificate of Qualification	3. CERTIFICATE FOR SUBSTITUTE SERVICE Regularly Assigned Substitute 4. CERTIFICATE FOR SUBSTITUTE SERVICE
Provisional NYS Certificate Permanent NYS Certificate	CERTIFICATE FOR OCCASIONAL PER DIEM SERVICE
Subject area for which New York State Certificate does not exist (e.g., School Secretary, Laboratory Specialist, School Medical Inspector)	Day-to-day Substitute (see item 20b)
2.  ALTERNATE LICENSING METHOD  Based upon request and appointment by a Community School District in accordance with NY State Education Law (Section 2590).5). Form entitled "Nomination Application for Appointment Based on the National Teacher Examination" (Form OP 55-5R) must be attached to this application. Additionally, applicants are required to have passed the NTE Core Battery and Specialty Area Tests prior to appointment.	FOR OFFICE USE ONLY • NTE TEST SCORES  CORE BATTERY:  GK PK CS DATE  SPEC. AREA SCORE DATE
5. BILINGUAL: If a billingual license/certificate is sought, in	ndicate language:
6. SUPERVISOR/ADMINISTRATOR	8. SCHOOL PSYCHOLOGIST-IN-TRAINING
SUBJECT AREA  TEACHER	SUBSTITUTE SCHOOL SECRETARY INTERN SCHOOL SECRETARY ASSISTANT
SUBJECT AREA  SCHOOL PSYCHOLOGIST	SUBSTITUTE VOCATIONAL ASSISTANT
SCHOOL SOCIAL WORKER	HOME ECONOMICS TEACHER'S ASSISTANT TECHNOLOGY EDUCATION TEACHER'S ASSISTANT
GUIDANCE COUNSELOR SCHOOL PSYCHIATRIST	TEACHER OF ADULTS
	SUBJECT AREA
7. LABORATORY SPECIALIST	PER SESSION EVENING TRADES
LABORATORY TECHNICIAN	OTHER
SCHOOL SECRETARY SCHOOL MEDICAL INSPECTOR	SPECIFY
9. LEVEL:	
FI PASPARA PARA PARA PARA PARA PARA PARA P	FOR OFFICE USE ONLY ARY SCHOOL
JUNIOR HIGH SCHOOL DAY SCH	***************************************
	SPECIFY List cook
10. PLEASE PF	RINT OR TYPE
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OTHER SURNAME	SOCIAL SECURITY:
- Control Control	SOCIAL SECURITY #
STREET ADDRESS	APT #
спү	STATE ZP CODE
TELEPHONE NUMBER	FILE NUMBER:
DRM 900-91	•

### PERSONAL DATA

11. CI	TIZENSHIP STATUS:	YES	NO	12. U.S. MILI	TARY SER	VICE:		
Are v	ou a U.S. citizen?			1				_
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	ou a permanent resident alien	?		Type of Disci	FROM harge*	•	b	
IF N	IO you permitted to be employed i	n the U.S.?		Type of Disc	ikilye			-
Are y	you permitted to be employed in			•				
		13. EDUCATIO				acant cobool		
List all	schools attended, includi	ng last elementary	school	i, beginning witi	DID YOU	DIPLON	IAS/	-
SCHOO	LS/COLLEGES/UNIVERSITIES	CITY AND STAT	TE	ATTENDANC	GRADUATE YES or NO		RANTED	_
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chool	a University of Industrial and	New York, N.		<u> </u>				_
abor	Relations,Cornell L	niv. Ithaca,	NY	1	Yes	R.S. May Regents	1980 Diplor	na
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	TITLE OF LICENSE	PENDING APPL	ICATIO	IND FUN LIVE	1000	DATE OF APPI	LICATION	1
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15. (The	I HOLD THE FOLLO information provided below	WING NYS EDI	UCAT respons	ION CERTIFI se to Item 1.)	CATES:		TYPE	
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	SUBJECT AREA	LEVEL L	DATI	L E ISSUED	DATE EXPIR	ES PERM	PROV	co

<sup>\*</sup>A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.



# **DEMOGRAPHIC DATA**

The following information is requested for statistical purposes only. Your responses are voluntary and will be held confidential.

Please detach from application along perforation, then fold along dotted lines and seal. Return separately from your application for license/certificate by mail; postage has been provided.

G	END	PER:
	] M/	ALE [X] FEMALE
ΕT	'HNI	CITY:
1.	7	AMERICAN INDIAN OR ALASKAN NATIVE
2.		ASIAN OR PACIFIC ISLANDER
3.		BLACK (NOT OF HISPANIC ORIGIN)
4.		HISPANIC (OF HISPANIC ORIGIN REGARDLESS OF RACE)
5.		WHITE (NOT OF HISPANIC ORIGIN)
		SOCIAL SECURITY #  SUBJECT AREA INDICATED  ON APPLICATION FOR LICENSE OR CERTIFICATE

### PLEASE NOTE:

This information will be used only for statistical purposes and will not be used to make individual employment decisions.

Although completion of this form is voluntary, if you choose to complete this form, it must include gender, ethnicity, Social Security number, and subject area.

# **EMPLOYMENT HISTORY**

16. EXPERIENCE IN SCHOOL Are you currently employed und ☐ YES ☑ NO	der any lic					nool syste	em?					
If YES, list license or certificate  Name, number and address of school	and the s	chool in To	Which you are n License or Certificate held (include type of service* and subject area)	ow emplo Hours per day	Days per year	Name, address and title of supervisor						
List other experience in school	ls, beginni	ng with 1	the most recent	experienc	€.							
Name, number and address of school	From	То	License or Certificate held (include type of service* and subject area)	Hours per day	Days per year		e, addres of superv					
							<del> </del>					
RA - regular appointed RS - regular substitute LP - long term per diem OP - occasional per diem  17. EXPERIENCE OTHER	SU -: PA -; SA -:	dministrati supervisory paraprofess school aide	SS - sur sional VS - vol	ening school mmer sessior untary unpaid	d service		cticum dent teach					
Include all employment what	d address	ture for		٠		most rec	Hours per week	Weeks per year				
(State family relations United Federation of Te	hip, if any.) eachers		Capacity in whice					52				
260 Park Avenue South. Cardozo School of Law	NY, NY		Counsel to		ì	Pres. 1991	3	40				
55 Fifth Avenue, NY, N' Cornell University/Scho	γ ool of				<del>                                     </del>			12				
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18. PERIODS OF UNEMP			Noi	no								
List dates of periods of une		nt for pas	st ten years.			PERIOD 5	FROM	то				
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PERIOD 2 FROM	TO		PERIOD 4 FROM	TO		I LINOU V	1110711					

## 19. ANSWER "YES" OR "NO" TO QUESTIONS 1 TO 10.

if your answer is YES, explain on the separate sheet provided. Include your name, social security number and the certificate for which you are making application on: your application for license, confidential attachment (if applicable), and the envelope in which the confidential attachment is placed.

•	. Have you ever been convicted of a crime (other than minor traffic violations)?		YES	N
2	Are you currently under the jurisdiction of a court as a result of being a defendant in a criminal action?	1. 2.		
3	. Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?	3.		
4	Have you ever received an unsatisfactory rating in conjunction with any pedagogical employment?	4.	-	
5.	real of the deep disqualified for employment for any civil service position?	5.	-	
6.	Have you ever been discharged or required to resign from any position (other than layoff due to reduction in work force)?	6.	•	
7a.	Have charges ever been preferred against you by an employer?	7a.	•	
b.	Were the charges sustained?	7b.	٠	
8.	Have you ever resigned as an alternative to facing charges or dismissal?	8.	-	
9.	Have you ever had a license or certificate denied or terminated by the Board of Examiners or the Board of Education because of unsatisfactory teaching, fingerprint or medical record?	9.	٠	
0.	Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record?	10.		

#### 20. ATTESTATION

- 20a. I have read the eligibility requirements for this license/certificate for which I am filing this application. To the best of my knowledge and belief I now meet, or shall meet, the requirements by the appropriate date.
- 20b. I understand that if I am not State certified and I serve as an occasional per diem substitute for more than 40 days in one school year, I must reduce my educational deficiencies by completing at least six (6) credits prior to being considered for renewal of my certificate.

#### **WARNING:**

According to law, a person knowingly making a false written statement on an application in order to obtain a license/certificate is guilty of a Class E Felony.

20c. I hereby certify that my statements contained herein and in any explanatory enclosures are to the best of my knowledge and belief, true and correct. I understand that any omission and/or misstatement of material facts may cause denial of the license/certificate or invalidation thereof, may be incorporated in my record in connection with any future application and may be referred for prosecution to the office of the District Attorney.

Signature of applicant,

Date 9/28/91

It is the policy of the New York City Board of Education not to discriminate on the basis of race, color, creed, religion, national origin, age, handicapping condition, marital status, sexual orientation, or sex in its educational programs, activities, and employment policies, as required by law. Inquiries regarding compliance with appropriate laws may be directed to the Director, U.S. Department of Education, 26 Federal Plaza, Room 33-130, New York, New York 10278.

## BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 959 BROOKLYN, NY

POSTAGE WILL BE PAID BY ADDRESSEE

New York City Public Schools
Office of Recruitment, Personnel Assessment and Licensing
65 Court Street
Brooklyn, NY 11201-9219





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FOLD ALONG THIS LINE

FOLD ALONG THIS LINE



NEW YORK CITY BOARD OF EDUCATION

DIVISION OF PERSONNEL

SECTION A — PERSONAL INFORMATION

NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

WEINGARTEN

MAILING ADDRESS (Number, Street, Apt., etc.)

Bureau of Salary Differentials and Status

d5 Court Street - Room 508, Brooklyn, New York 11201 Tel. (718) 935-2643 Form BE/DOP 9938C (Rev. 2/88) personneld1

KHONDA

LICENSE UNDER WHICH PRESENTLY SERVING

LEGIBLY PRINT ALL INFORMATION APPLICATION FOR SALARY DIFFERENTIAL(S)

MAIDEN NAME (or other name appearing on transcripts)

FILE NUMBER

Filing Instructions: EMPLOYEES SHOULD NOT REFILE FOR SALARY DIFFERENTIALS WHICH WERE PREVIOUSLY GRANTED.

This application form is to be used by applointed and substitute Teachers, School Secretaries, School Psychologists, School Social Workers, Guidance Counselors and Laboratory Specialsts to apply for all salary differentials not previously granted. This application should be completed in its entirety and filed with all required documentation attached immediately upon completing eligibility requirements. THE PENALTY FOR LATE FILING IS LOSS OF RETROACTIVITY AND A LATE EFFECTIVE DATE. Upon receipt of your application/documentation, an acknowlegement receipt will be mailed to you. Please retain it as evidence of filing.

Documentation: Original student transcripts (photocopies and grade cards are NOT acceptable) for all degrees and courses offered must be attached to the application form. If you are submitting excess credits beyond those required for the Baccalaureate or the Master's, you must attach an original letter from the REGISTRAR of the college/university, with the RAISED SEAL of the school, stating the exact number of credits which were required for the degree. A statement listing the minimum requirements will NOT be accepted. The original student transcripts should identify dates degrees were conferred. All courses offered for differentials must appear on the transcripts, with grades and semester hour credits.

Incomplete Applications Are Unacceptable: If all required information is not entered and/or all required documentation is not attached to the application it will be unacceptable. The acknowledgement of receipt will be stamped "APPLICATION RETURNED." In such cases you will receive a written statement explaining what is missing and you must complete the application and/or supply the missing documentation within forty-five (45) days from the date returned in order to be eligible for an effective date(s) commensurate with the original filing date. At the conclusion of the 45 day grace period, only those differential(s) for which a complete application/documentation was submitted will be processed. Differentials not completely applied for by that date will be rejected. Applicants may reapply with a new application/documentation, but the effective date will be based on date of such new submission.

NOTE: Whereas eligible employees have a three (3) month grace period from the effective date of original license/certificate, date of regular appointment or last day of semester (January 31, June 30 or August 31) to file complete application/documentation and be eligible for retroactive payment, they should file as early as possible. LATE APPLICATIONS WILL RECEIVE LATE EFFECTIVE DATES

City									
			-	State	Zip Code				
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STATUS (Check one and enter date where required	School			kings	8. H.S				
1 177 -	egular Subs Date of lic		Per Diem Substitu Date of original cert	ite   Curr	rently on leave				
SECTION B - DIFFERENTIAL INFO	RMATION				·				
INSTRUCTIONS: Check the appropriate box(es) Board of Education official circulars, and/or the lt is the responsibility of the applicants to identify	next to the Diff Bureau of Sala ify each salary	ferential(s) you are ary Differentials a	presently applying for. Applic	cants should refer to their Ling the eligibility requirem	Jnion agreements, applicable nents for salary differentials.				
B-1: Salary Differentials (Check appropr	iate box(es)		vinen they are appryring.						
First (C2)	etary (60)	☐ School	Social Worker	VIF2 (Masters)	☐ VIF3 (Doctorate)				
Promotional (PD) School Secre	etary (90)	☐ School	Psychologist	VIK2 (Masters)	□ VIK3 (Doctorate)				
☐ Intermediate (ID) ☐ Laboratory S	pecialist	☐ Guidan	ce Counselor (VIH2)	<b>,</b>	· (200to/ato)				
Second (C6)	fy)								
Baccalaureate Degree: School Date Date Date Date Date Date Date Date									
INSTITUTION	STATE	COMPLETE DATE	INSTITU	JTION	STATE COMPLETE DATE				
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#### **APPLICATION FOR SALARY DIFFERENTIAL(S)**

#### **SECTION D - EDUCATIONAL INFORMATION**

(Attach additional pages using same column headings if more space is necessary to list all courses offered)

Complete rechirements for salary differentials are contained in the various contracts between the Board of Education and the Union. They are also available in the Burcau of Salary Differentials and Status and various official circulars. Read FILING INSTRUCTIONS on Page 1 (reverse). All approved courses not part of degrees should be listed in Aronological order of completion. If offering courses for an approved area of specialization, check column headed "A\*" next to those courses. These 36 credits may be part of or after the baccalaureate. Excess credits may be offered, as provided in the various contracts. All courses listed must appear on the original student transcripts submitted with this application. Please sign in Section E. below. DO NOT WRITE BELOW SECTION E.

COLLEGE/UNIVERSITY	State	COURSE TITLE	Course	Date of	Sem.	em. * Offic		Office Us		
	State	OOONSE THEE	Number	Completion	Hours			PD	ID	C6
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#### SECTION E - APPLICANT'S DECLARATION AND SIGNATURE

I understand that if any information or documentation provided as part of this application is found by the Chancellor or his designee to be fraudulent, forged or altered, it will result in a denial of my application and may subject me to disciplinary action if I am already employed by the Board of Education or a Community School Board. I also understand I will have a chance to respond to any allegation that a document or information I have supplied is fraudulent, forged or altered prior to any adverse action being taken against me. Finally, I further understand that if any information or documentation submitted as part of this application is found to be fraudulent, forged or altered after my application had been processed and I have received additional moneys as a result, I will agree to return, upon demand by the Board of Education, that amount of money received which is directly attributable to the fraud, forgery or alteration by deductions from my paycheck, or alternate means if I so elect or if I am no longer employed by the Board of Education.

DO NOT WRITE BELOW - DIVISION OF PERSONNEL USE ONLY

APPLICANT'S SIGNATURE

044.457/	EFFEC	TIVE DATE OF A	ACTION	
SALARY DIFFERENTIAL	Previously Granted	Now Cancelled	Now Granted	
FIRST DIFFERENTIAL			9/1/94	
PROMOTIONAL DIFFERENTIAL			9/1/94	
INTERMEDIATE DIFFERENTIAL		•	•	
SECOND DIFFERENTIAL			9/1/94	
OTHER				!
BACCALAUREATE DATE	AREA OF SPECIALI	ZATION		
MASTERS/DATE				
	Coctor	11-1- 6	ardone &	new)
DATE OF FINAL CO	JUHSE		ATE (	

(C2+PD+C6 9/1/94)