

TRENTON BOARD OF EDUCATION

Human Resources Department

108 N. Clinton Ave.

Trenton, NJ 08609

Phone (609) 656-4900 Fax (609) 278-3081

APPLICATION FOR SUPERMAXIMUM INCREMENT

-For TEA Members Only-

Date: \_\_\_/\_\_\_/\_\_\_

Name of Applicant: \_\_\_\_\_  
First M.I. Last

School / Department: \_\_\_\_\_ Current Position: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

Application is for Advancement From (Check One):

<input type="checkbox"/> B.A. to B. A. +30 (5 <sup>th</sup> )	<input type="checkbox"/> B.A. + 30 to B.A. + 60
<input type="checkbox"/> B.A. + 30 to M.A. (6 <sup>th</sup> )	<input type="checkbox"/> B.A. + 60 to B. A. + 90 (7 <sup>th</sup> )
<input type="checkbox"/> B.A. to M.A. (6 <sup>th</sup> )	<input type="checkbox"/> M.A. to M.A. + 30 (6 <sup>th</sup> )
<input type="checkbox"/> M.A. + 30 to M.A. + 60	

APPLICANT SIGNATURE

DATE

FOR PERSONNEL OFFICE USE ONLY

Action by Human Resources Administrator:  Approved  Denied  Board Agenda: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_ Educational Level: \_\_\_\_\_ Step on Guide: \_\_\_\_\_

Salary to be adjusted to: \$ \_\_\_\_\_ Educational Level: \_\_\_\_\_ Step on Guide: \_\_\_\_\_

Amount of adjustment: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ Step on Guide: \_\_\_\_\_

Application Reviewed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

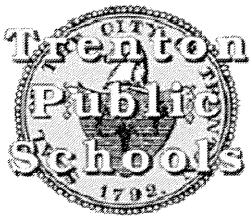
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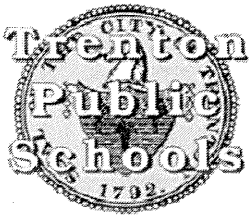
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## APPLICATION FOR SUPERMAXIMUM INCREMENT

APPLICANT MUST ATTACH OFFICIAL TRANSCRIPTS IN A SEALED ENVELOPE  
**PLEASE NOTE NO PHOTO COPIES WILL BE ACCEPTED.**

#	NAME OF COURSE	INSTITUTION WHERE TAKEN	NUMBER OF CREDITS	DATE TAKEN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

TOTAL NO. OF CREDITS: \_\_\_\_\_



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APPLICANT MUST ATTACH OFFICIAL ORIGINAL PROFESSIONAL DEVELOPMENT CERTIFICATES  
**PLEASE NOTE NO PHOTO COPIES WILL BE ACCEPTED.**

#	PROFESSIONAL DEVELOPMENT IN SERVICE CREDITS	NAME OF WORKSHOP	NUMBER OF HOURS	DATE TAKEN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

TOTAL NO. OF P.D. HOURS: \_\_\_\_\_

TOTAL NO. OF CREDITS: \_\_\_\_\_