



DEPARTMENT OF HUMAN RESOURCES

OT/PT SALARY ADJUSTMENT
AND/OR LEVEL MOVEMENT

<u>FOR H.R. USE ONLY</u>	
_____	Acknowledged
_____	Professional Certification
_____	New Level
_____	Basis of Move
_____	Effective Date
_____	Approved
_____	Denied

REQUEST: _____ **BLOCK OF CREDITS**

_____ **LEVEL MOVE FROM** _____ **TO** _____ ,

based on: _____

(Please indicate path)

_____ **OTHER:** _____

(Please specify)

NAME _____ ID# _____

ADDRESS _____ ZIP _____

PRESENT POSITION _____ CURRENT LEVEL _____

YEARS OF NASSAU BOCES SERVICE _____ LOCATION _____

BLOCK OF CREDITS:

Salary adjustment can be sought as a result of completing a block of nine (9) credits which may include college/university, AOTA/APTA, or in-service credit relating to occupational or physical therapy.

All courses submitted for salary adjustment must have received prior approval in My Learning Plan, marked complete by you in My Learning Plan, and be accompanied by proof of completion as required. An official transcript sent directly to us in a sealed envelope from the issuing institution is required for final approval of a college or university course. A certificate of completion which includes your name, date of course completion, number of credits or hours earned, and an official signature is required for final approval of an AOTA/APTA or in-service course.

LEVEL MOVE:

List all degrees and certifications earned and courses being submitted for credit requirements on the following page.

College or university course submissions require an official transcript sent directly to us in a sealed envelope from the issuing institution. In-service course submissions require prior approval in My Learning Plan and a certificate of completion which includes your name, date of course completion, number of credits or hours earned, and an official signature.

Please refer to the agreement for Physical and Occupational Therapists, Article V, Section 1, for more details.

COMPLETE THE FOLLOWING FORM, SIGN AND RETURN TO THE DEPT. OF HUMAN RESOURCES

Incomplete or unsigned forms will be returned to you.



Department of Human Resources

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DEGREES AND CERTIFICATIONS HELD:

Degree/Certification	College or Institution	Month and Year Granted

COLLEGE/UNIVERSITY CREDITS:

HR USE ONLY

Course No.	Course Title	College or University	Date Completed	Credits	PA	OK

COLLEGE/UNIVERSITY CREDITS: _____

IN-SERVICE CREDITS OR AOTA / APTA HOURS:

HR USE ONLY

Course No.	Course Title	Institution or Sponsor	Date Completed	Hours	Credits	PA	OK
			TOTAL				

(Reprint this page or include a separate sheet to add additional courses.)

TOTAL IN-SERVICE CREDITS: _____

TOTAL AOTA / APTA HOURS _____ **x 0.10 = TOTAL AOTA / APTA CREDITS:** _____

TOTAL # OF CREDITS: _____

I attest that all of the above courses were not taken during school time, nor were they paid for by BOCES. Furthermore, I understand that this request will not be processed until official transcript(s) of the courses listed and credits allowed are received by the Department of Human Resources.

SIGNED: _____ DATE: _____