THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, *Chancellor*
DIVISION OF HUMAN RESOURCES
Office of Salary Status, Room 815
65 Court Street – Brooklyn, NY 11201

Application for Teacher Salary Differential(s)

Filing Instructions: Please complete this form for all salary differentials not previously granted and attach ***all*** required documentation. You will receive a postcard acknowledging the date on which the application was received by the Office of Salary Differentials and Status (Room 815). ***Save this postcard.*** The date on the postcard is evidence whether or not you filed within the 6 month time period for retroactivity.
Deadlines for filing are: Fall courses-July 31st; Spring courses-December 29th; Summer courses- February 28th. Failure to file within the 6 month period will result in loss of retroactivity and a late effective date.
Documentation: **All** required **original** transcripts and other **original** documentation must be submitted with the application at the time of filing. Applications with missing documentation **cannot** be processed and **will be returned as incomplete.**

Section A: Personal Information

Last Name: _____ First_____ MI____ Current License_____
Maiden or Other Name Appearing on Transcripts_____
Social Security # __ __ __-__ __-__ __ __ __ File Number_____
Mailing Address _____
_____ Zip_____
School/Office _____ Borough_____ District_____

Status: ___Regularly Appointed/Date of Appointment_____
___Regular Substitute (non-appointed teacher)/Date of Original Certificate_____
___Per Diem (OPDC) Substitute/Date of Original Certificate_____
___Currently on Leave
___F-Status

Section B: Differential Information (Enter all Data that applies to you)

Bachelor's Degree_____ Date_____ School_____
Master's Degree _____ Date_____ School_____
Doctorate Degree _____ Date_____ School_____

Salary Differential Being Applied For: (Check the appropriate differential.)

___Bachelor's Degree +30 approved credits (**C2**)
___Bachelor's Degree +30 approved credits with 36 credits in an Area of Specialization (**C2+PD**)
___Bachelor's Degree +60 approved credits (**C2 + ID**)
___Bachelor's Degree +60 approved credits with 36 credits in an Area of Specialization (**C2+PD+ID**)
___Master's Degree (**C2+PD**)
___Bachelor's Degree + Master's Degree + 30 credits (**C2+PD+C6**)

Section C: Educational Documentation (Please list ***all*** educational institutions for which you are attaching ***original student transcripts*** and any other required documentation.)

College/University	State	Completion Date

SECTION D: EDUCATIONAL INFORMATION **(if needed, attach additional pages to list all courses offered.)**

Complete requirements for salary differentials are contained in various contracts between the Department of Education and the U.F.T. They also are available through various official circulars. The checklist, filing instructions, and other explanatory material are available through the Office of Salary Services and the U. F.T. Please read **Filing Instructions** on page 1 (reverse). All approved courses not part of degrees should be listed in chronological order of completion. If offering courses for an approved area of specialization, check column headed"**A"** next to those courses. These credits may be a part of or after the Baccalaureate. Excess credits may also be offered, as provided in the various contracts. All courses listed must appear on the original student transcripts and submitted with this application. (Teachers of occupational education (shop subjects/trades) should list the names of the firms, current mailing addresses, titles in which employed, and dates employed for work experience that will qualify for the differentials.) After completing section D, please sign section E below. Do not write below section E.

College/University	State	Course Title	Course Number	Date of completion	Credits	Area of Specialization

Area of Specialization_____

Enter Number of Excess Credits (if applicable): ____* Remember to attach official letter.

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 New York City Department of Education. 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 understand that if any information or documentation submitted as part of this application is found to be fraudulent, forged, or altered after my application has been processed and I have received additional money as a result, I will agree to return, upon demand by the Department 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 Department of Education.

_____ _____

Applicant's Signature Date

Reminder: ***Applications submitted without complete documentation cannot be processed and will be returned.***

PLEASE DO NOT WRITE BELOW. DIVISION OF HUMAN RESOURCES USE ONLY.

Salary Differential	Effective Date of Action	Area of Specializat ion:

	Previously Granted	Now Cancelled	Now Granted
First Differential			
Promotional Differential			
Intermediate Differential			
Second Differential			
Other:			

Bachelor's Date:	
Master' Date:	
Doctorate date:	