



THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISION OF HUMAN RESOURCES, OFFICE OF SALARY SERVICES
 65 COURT STREET, ROOM 815
 BROOKLYN, NEW YORK 11201
 (718) 935-4000

APPLICATION FOR SALARY STEP PLACEMENT

Please complete this application if you have not indicated all of your work experience on your online application (TSN) and mail to address above.

SECTION 1 - PERSONAL INFORMATION

Name (Last, First, Middle Initial)		E-Mail Address	
Social Security Number	License under which currently serving	EIS Number	
Mailing Address (Number, Street, Apt., etc.)			
City	State	Zip Code	
School/Office	Borough	District/Region	

SECTION 2 - PRIOR TEACHING EXPERIENCE PERFORMED OUTSIDE THE N.Y.C. DEPARTMENT OF EDUCATION

School Name & Complete Address	Name of Head of Institution	Subj./grade taught	Date of Employment		# of Days In School Year	Teaching Hours/Days
			FROM	TO		

SECTION 3 - PRIOR RELATED NON-TEACHING EXPERIENCE

Name of Employer & Complete Mailing Address	Exact Title In Which Employed	Dates of Employment		Hours Worked Per Week
		FROM	TO	

SECTION 4 - PRIOR TEACHING EXPERIENCE PERFORMED FOR THE N.Y.C. DEPARTMENT OF EDUCATION

School Name, Borough & District	License	Dates of Service		# of the Days Served	Type of Service (Reg/PD/Sub)
		FROM	TO		

SECTION 5 - 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