

# THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN, *Chancellor*

DIVISION OF HUMAN RESOURCES  
Office of Salary Services- Room 815  
65 Court Street – Brooklyn, NY 11201  
(718) 935-4000

## APPLICATION FOR SALARY DIFFERENTIAL(S)

**Filing Instructions:** Please complete this application for all salary differentials not previously granted and attach all required documentation.

**Deadlines for Filing:** Fall courses-July 31<sup>st</sup>, Spring courses-December 29<sup>th</sup>, Summer courses-February 28<sup>th</sup>. Failure to file within the six (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 missing documentation cannot be processed and will be returned as incomplete.

### SECTION A: PERSONAL INFORMATION

Name (Last, First, Middle Initial)		E-mail Address	
Social Security Number	License under which currently serving	File Number	
Mailing Address (Number, Street, Apt., etc.)			Phone number (Daytime)
City	State	Zip Code	

### SECTION B: EDUCATIONAL INFORMATION (Enter all data that applies to you)

Bachelor's Degree _____	Date Awarded _____	School Name _____
Master's Degree _____	Date Awarded _____	School Name _____
Doctorate Degree _____	Date Awarded _____	School Name _____
Enter Number of <i>excess</i> credits ( <i>if applicable</i> ) _____		
<b>Note: Official Letter from school must be attached.</b>		

### SECTION C: SALARY DIFFERENTIAL BEING APPLIED FOR (Check the appropriate differential)

- Bachelor's + 30 approved credits **FIRST (C2)**  
 Bachelor's + 30 approved credits with 36 credits an area of specialization **PROMOTIONAL (PD)**  
 Master's Degree **PROMOTIONAL (PD)**  
 Bachelor's + 60 approved credits **INTERMEDIATE (ID)**  
 Bachelor's + 60 approved credits with 36 credits in an area of specialization **INTERMEDIATE (PD+ID)**  
 Bachelor's + Master's + 30 approved credits **SECOND (C6)**  
 Guidance counselor **VIH-2**  
 Laboratory Specialist **IIC**  
 School Secretary **IIC-2** (60-credits)                       School Secretary **IIC-3** (90-credits)  
 Social Worker **VIF-2** (Master's)                       Social Worker **VIF-3** (Doctorate)  
 School Psychologist **VIK-2** (Master's)                       School Psychologist **VIK-3** (Doctorate)

**Area of Specialization:** \_\_\_\_\_

### SECTION D: 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