

**MEDFORD PUBLIC SCHOOLS  
REQUEST FOR SALARY INCREMENT CREDITS  
APPROVAL FORM**

NAME \_\_\_\_\_ SCHOOL(S) \_\_\_\_\_

GRADE \_\_\_\_\_ POSITION \_\_\_\_\_ DATE \_\_\_\_\_

ACTIVITY TITLE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

INSTITUTION/ORGANIZATION \_\_\_\_\_ CREDIT(S) \_\_\_\_\_

DESCRIPTION:

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PRINCIPAL COMMENTS \_\_\_\_\_ DATE \_\_\_\_\_

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DIRECTOR/SUPERVISOR COMMENTS \_\_\_\_\_ DATE \_\_\_\_\_

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SUPERINTENDENT/DESIGNEE APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

Salary increment guidelines are on the reverse side of this form