



# **BOCES Southern Westchester**

**THE BOARD OF COOPERATIVE EDUCATIONAL SERVICES**

17 Berkley Drive, Rye Brook, New York 10573  
(914)937-3820 fax (914)937-7644

Human Resources Department

## **GUIDELINES**

### **COURSES FOR SALARY CREDIT AND INSERVICE REIMBURSEMENT**

#### **Courses for Salary Credit:**

- College or university courses must be approved in advance.
- Inservice courses must be approved in advance.
- Approved inservice courses shall not exceed four (4) credits for each ten (10) credit lane or six (6) credits for each fifteen (15) credit lane of the courses required for each horizontal move from column to column.
- Inservice courses are not eligible for both credit and reimbursement.
- Inservice courses shall be approved under the same conditions as college courses.
- Salary increases for approved credits earned shall be made after official transcripts for credit earned are received by the Office of Human Resources.

#### **Reimbursement for Inservice Courses:**

- An inservice course may be a Board funded course, developed and approved by the administration.
- An inservice course may be a Board sponsored course, that is, a course other than one funded by the Board. Course outline or description must be submitted to Program Director at least two weeks before start of course for approval.
- To be eligible for reimbursement, there can be no more than 1 cut per 15 hours and must complete all required assignments.
- Reimbursement shall be in the amount of \$65 per unit for successfully completed courses. One unit represents 15 hours of class time; 2 units shall represent 30 hours of class time.
- Teachers may take inservice courses for reimbursement to a maximum of 4 units per school year.
- Payment is made in a separate check at the end of the school year.



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ANTICIPATED SALARY MOVEMENT FOR \_\_\_\_\_ SCHOOL YEAR  
(Year)

Submit form by April 1, \_\_\_\_\_ for the \_\_\_\_\_ school year  
(Year) (Year)

Date \_\_\_\_\_

I hereby request salary schedule movement for the \_\_\_\_\_ school year as follows:

FROM \_\_\_\_\_ SCHEDULE \_\_\_\_\_  
(Year)

TO \_\_\_\_\_ SCHEDULE \_\_\_\_\_  
(Year)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
WORK LOCATION