PLAI	NVIEW-OLD BETHPAGE	CENTRAL SCHOO	DL DISTRICT
	106 Washington Avenue Plain	Phone: 516 434-3040 Fax: 516 937-6346 E-mail: cdonarummo@pobschools.org	
Excellence	<i>Office of Human Ro</i> Christopher Donarummo, Assistant		
TO:	Christopher Donarummo		
FROM:			
	PRINT NAME	SIGNATURE	
DATE:		_ BUILDING	
SUBJECT:	SALARY LANE CHANGE	FOR	
Please circle on	e SEPTEMBER 1 ST (courses ne FEBRUARY 1 ST - (courses	OR	
(Memo must	be sent <u>NO LATER THAN</u> Sep	t. 10 th by and <u>NO LATE</u>	<u>R THAN</u> Feb. 10 th)
I am requestir	ng a lane change from	to	

Listed below are the courses I have completed. I will submit the **original in-service certificates** and/or **official graduate transcripts in sealed-stamped college/university envelope** to your office. I have also marked the courses completed in My Learning Plan.

NAME OF COURSE	COLLEGE/ UNIVERSITY	IN -SERVICE CERTIFICATE BEING SENT	TRANSCRIPT BEING SENT	TOTAL CREDITS