



**Submission of Hours for Horizontal Salary Adjustment**

Submission Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date	Course Title	Time (hrs./min.)	Online (OL) In Person (IP)
			OL    IP

I attest that all coursework listed above was pre-approved in My Learning Plan.

I attest that, to the best of my knowledge and belief, all information in the above referenced data reported is accurate and complete. I understand all work considered for horizontal adjustment must be completed outside of the work hours and not paid for in any way by CiTi BOCES.

Employee Signature: \_\_\_\_\_

\_\_\_\_\_  
Date

\*\*\*\*\*

\*\* HR Office:

\_\_\_\_\_  
Approved by

\*\*\*PLEASE EMAIL COMPLETED FORM(S) TO HR@CITIBOCES.ORG\*\*\*