



SWAMPSCOTT PUBLIC SCHOOLS

SALARY ADVANCEMENT FORM

Date: _____

To: Superintendent of Schools

Employee: _____

School: _____

It is my intention to advance to the _____ level on the Teachers' Salary
Schedule for the start of the _____ academic school year.

Employee's Signature: _____

Please submit this document no later than January 1 prior to the September when such progression is to take place. (Collective Bargaining Agreement between the Swampscott School Committee and the Swampscott Education Association, Article XV, Section 4).

Please submit completed form to Maureen Caron in the Superintendent's Office