

WASHINGTON COUNTY SCHOOL DISTRICT

APPLICATION FOR LONGEVITY STEP INCREASE
(CLASSIFIED EMPLOYEES)

Submit by March 15th of the year preceding the Longevity Step Increase to Human Resources Department

Background Data

Today's Date: _____ Social Security Number: _____

Print Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt Phone: _____

Please list all years of experience with WCSD that you would like to be considered:

From Date:	To Date:	Location	Assignment	Contracted Hrs/Day?

Employee Signature: _____ Date: _____

For HR Dept Use Only		
Date Submitted	Approval	Denial
Notes:		

Human Resources Signature: _____ Date: _____