

Putnam Valley Central School District
 Putnam Valley, New York 10579
Claim Form for Longevity
 Must be submitted to the district office by August 1st.*

Employee Name: _____

School: _____ Date: _____

Years of Service	Longevity	Longevity with Professional Development
15-17	<input type="checkbox"/>	<input type="checkbox"/>
18-20	<input type="checkbox"/>	<input type="checkbox"/>
21 +	<input type="checkbox"/>	<input type="checkbox"/>

For longevity with Professional Development, list below the 20 hours of professional development you wish to use for this enhancement. The 20 hours of professional development required must be completed by September 1st of the year of eligibility.

Course	Date	Hours	Sponsor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total:	_____	_____

Signature: _____ Date: _____
 (Employee)

Received by district: _____ Date: _____

Signature: _____ Date: _____
 (Superintendent/Designee)