



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
APPLICATION FOR DOCTORATE PAY INCREMENT
(MANAGERIAL EXEMPT)**

Please Type or Print, Except Signature

DIRECTIONS:

1. Complete form, attach required documentation, sign and return to Compensation Administration, Miami-Dade County Public Schools, 1500 Biscayne Boulevard, Suite 140, Miami, Florida 33132. (School Mail Code - 9317 Telephone (305) 995-7043)
2. Required documentation:
 - Official transcript(s)

A.

Name	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	Employee No.
Home Address	<i>(Number and Street)</i>	<i>(City)</i>	<i>(Zip)</i>	Home Phone No.
Work Location Name	Work Location No.		Work Phone No.	
M-DCPS E-mail Address	Other E-mail Address (Optional)			

B.

Please provide the following information:

DOCTORATE DEGREE: _____

UNIVERSITY ISSUING DEGREE: _____

MAJOR(S): _____ COMPLETION DATE(S): _____

CURRENT ASSIGNMENT WITH M-DCPS: _____

COMMENTS: _____

I certify that all the foregoing information is true to the best of my knowledge.

Signature of applicant

Date