

**SAU #28**  
**Pelham & Windham School Districts**

**19 Haverhill Road \* PO Box 510 \* Windham, NH 03087**  
**PHONE: (603) 425-1976 FAX: (603) 4251719**

**CREDITED EXPERIENCE STATEMENT**

**School District:      \_\_\_ Pelham      \_\_\_ Windham**

Upon entering the employment of the School District checked above, I \_\_\_\_\_ agree with my placement which credits me with a \_\_\_\_\_ degree, number of credits beyond degree, i.e., +15, if applicable \_\_\_\_\_ and \_\_\_\_\_ years of experience as of \_\_\_\_\_ (date) at Step \_\_\_\_\_ on the salary schedule of the Master Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Salary

\_\_\_\_\_  
Contract Year