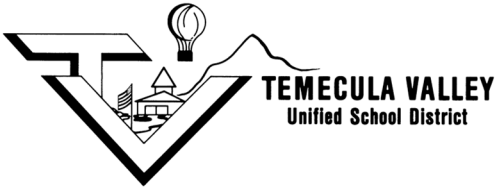


APPENDIX H-1 LONGEVITY APPLICATION



APPENDIX H-1

TEMECULA VALLEY UNIFIED SCHOOL DISTRICT
LONGEVITY APPLICATION
TVEA/TVUSD Article 9.4.1

NAME: _____

SCHOOL: _____

EMPLOYEE #: _____

YEARS COMPLETED IN TVUSD: _____

TOTAL NUMBER OF YEARS YOU HAVE TAUGHT: _____

APPLYING FOR LONGEVITY STEP: 16 19 22 25

Employee:

Date:

HRD Office:

Date:

This form must be sent to the HRD Office for approval. You will be sent a copy for your records.