

**Department of Human Resources  
INCREMENT RESTORATION APPLICATION (IRA)**

Date \_\_\_\_\_

**This application will only be accepted by the Department of Human Resources between March 1st and April 30th of each year.**

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

Location _____	Increment Withholding Date _____	Increment Amount _____	Anticipated Restoration Date _____ <small>(Next School Year)</small>
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1. Administrator's Recommendation (obtain from immediate supervisor) to Restore Increment attached: Yes \_\_\_ No \_\_\_

2. Attendance records for past 3 years attached: Yes \_\_\_ No \_\_\_

3. Evaluations for past 3 years attached: Yes \_\_\_ No \_\_\_

**Note: If you have been absent more than the Administrative Directive allows, you are not eligible for increment restoration consideration at this time.**

4. Explain why you should be considered for increment restoration:

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**Note: Incomplete applications will not be considered for review**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Administrator Signature**

**Do not write below this line – Official Use only**

\_\_\_\_\_  
**Board Agenda Date**

Increment Restored _____	_____ <b>Superintendent's Signature</b>	_____ <b>Date</b>	_____ <b>Board President's Signature</b>	_____ <b>Date</b>
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Increment Restoration Denied _____	_____ <b>Superintendent's Signature</b>	_____ <b>Date</b>
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