

# SALARY SCHEDULE ADJUSTMENT REQUEST

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

POSITION \_\_\_\_\_ BUILDING \_\_\_\_\_

I hereby request a salary schedule adjustment for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

CURRENT  
(circle one)

REQUESTED  
(circle one)

BS

BS

150 HRS

150 HRS

MA

MA

MA + 30

MA + 30

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Before submitting this form, the course work should be completed and transcripts filed with the Superintendent's Office. Approved requests submitted by September 10th will be recognized beginning with the September 22nd pay. Also, approved requests submitted by January 10th will be recognized beginning with the January 22nd pay.

FOR OFFICE USE ONLY:

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
DISAPPROVED

REASON FOR

DISAPPROVAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

Payroll File \_\_\_\_\_  
(date) (initial)

original - personnel file

copy - employee