

TEACHER/EDUCATOR SALARY MOVEMENT REQUEST FORM

Name: _____

School District: _____

I request consideration for movement from current column on the salary schedule:

Column: _____

To the following new location on the salary schedule:

Column: _____

School Year: _____

Specific Courses taken to warrant this move are:

<u>Course Title</u>	<u>Course #</u>	<u>Institution</u>	<u>Credits</u>	<u>Date</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				

**Transcripts and/or grade reports from the institution must be attached for consideration.*

Teacher's Signature _____ **Date:** _____

For office use: If Approved: Column: _____ **School Year:** _____

Approved: _____ **Date:** _____
Superintendent's Signature

Not Approved: _____ **Date:** _____
Superintendent's Signature