

SALARY SCHEDULE ADVANCEMENT FORM

NAME: _____

DATE: _____

SCHOOL: _____

This form is to be completed for salary upgrade as per salary schedule. ALL ORIGINAL TRANSCRIPTS FROM AN ACCREDITED COLLEGE OR UNIVERSITY DOCUMENTING THE CHANGE MUST BE ATTACHED TO THIS FORM.

Please check the appropriate step that you are advancing to:

Masters Degree	_____
Masters Plus 15	_____
Masters Plus 30	_____
Masters Plus 45	_____
Masters Plus 60	_____
PhD/Ed.D	_____

The following information needs to be completed to process your advancement form. Incomplete forms will be returned to the employee for the missing information.

School	Course	From/To		Credits	Grade

Applicant: _____
Signature

Date: _____

Reviewed by: _____
Curriculum Director

Date: _____

Approved by: _____
Superintendent

Date: _____

Effective date: _____

Payroll Department Use			
Old Step		Old Salary	
New Step		New Salary	
Pay Periods		Other	