

Administrator Application for Salary Lane Change



ADMINISTRATOR INFORMATION (PLEASE PRINT)

Name _____ Employee ID # _____ Phone _____

Address _____ City _____ Zip _____

Present Assignment _____ School/Dept _____

Initial Teaching Certificate: Type _____ Year Received _____ State _____

Employee Signature _____ Date _____

APPLYING FOR

***LIST CREDITS ON BACK OF THIS FORM**

M + 20* M + 40* PhD

LANE CHANGE APPLICATION GUIDELINES

- LANE CHANGE ADJUSTMENTS will be effective the first day of the teacher's contract year providing the credits are appropriately documented in Human Resources between May 15th and September 15th.
- LANE CHANGE ADJUSTMENTS requested between September 16th and June 1st will be effective the first day of the month following approval. Such requests must be filed by 5:00 pm the fifth day of the month in order to be processed for approval. If the fifth falls on a weekend or holiday, applications must be received by the last working day before the fifth.
- If the information is missing or incomplete (OFFICIAL TRANSCRIPTS or other acceptable documentation), the application will be returned unapproved.

RETURNED UNAPPROVED

Date Returned _____ Reason _____

APPROVED

Human Resources Administrator Signature _____ Date _____

Please review your paycheck of _____ to see that the appropriate salary adjustment is made effective _____.

STEP _____ LANE _____ ANNUAL SALARY \$ _____

