

ELIDA LOCAL SCHOOLS REQUEST FOR SALARY CHANGE

Name _____ Building _____

Position _____ Date _____

This is to notify you that I am entitled to be placed on the _____ level of the salary schedule as of September 20____ or March 20____. (circle one)

Attached are copies of transcripts to substantiate this claim. The following also serves as substantiation:

College/University Attended	Dates Attended	Quarter Hours/Semester Hours	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: To Convert quarter hours to semester hours, multiply quarter hours by 2/3 or 67%. If your college changed from semester to quarter hours or quarter to semester hours at any point, clarify that either by listing each next to the college's name or working the conversion and listing the hours attained as semester hours.

I verify this information to be complete and accurate.

Employee Signature Employee Printed Name Date

I verify that this claim has been reviewed and found to be accurate.

Name Date

I have reviewed this claimed entitlement and find it to be in order.

Superintendent Date