

SOUTHERN FULTON SCHOOL DISTRICT

REQUEST FOR SALARY INCREASE - COLUMN MOVE

Please complete the following information to initiate a salary increase if applicable.

Name _____

Current Step _____ Current Column (Circle One)
BS BS+12 BS+24 M M+12

Next column (Circle One) BS BS+12 BS+24 M M+12 M+24

Please provide documentation of Column move!

Employee's signature _____ Date _____

**** Due by September 15th of each school year as per the professional bargaining agreement.***

For District Office Use

New Annual Salary Amount _____

Payroll Effective Date _____

Approval _____ Date _____