

**Change in Rank/Licensure**

**Complete and submit this form to the Superintendent at least two (2) weeks prior to the beginning of the affected school term. Attach documentation verifying your change in rank/licensure.**

**Employee's Name:** \_\_\_\_\_

**Employee's Classification:** ☐ CERTIFIED ☐ CLASSIFIED

**School/Work Location:** \_\_\_\_\_

**Immediate Supervisor's Name:** \_\_\_\_\_

*My rank/licensure will change from \_\_\_\_\_  
to \_\_\_\_\_,*

*effective for the ☐ fall term ☐ spring term of the \_\_\_\_\_ school year.*

*Attached is the required documentation to verify my rank/licensure change.*

TEACHERS ONLY

☐ National Board Certification is pending. Pursuant to policy 03.121, I am providing this notice prior to September 15 in the event a rank-related increase in salary is indicated.

\_\_\_\_\_  
*Employee's Signature* *Date*

\_\_\_\_\_  
*Superintendent's Signature* *Date*

**NOTE: Before salary adjustments can be made, documentation verifying change in rank/licensure must be received by the Superintendent and on file at the Central Office.**

Review/Revised:8/1/2002