Change in Rank/Licensure

Complete and submit this form to the Superintendent at least two (2) weeks prior to the beginning of the fall 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 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 placed on file at the Central Office.

Review/Revised:3/11/2015