



APPLICATION FOR ADVANCEMENT ON SALARY SCHEDULE

To be submitted directly to Certificated Human Resources Office,
on or before the 7th of September with official transcripts.

NAME _____ DATE _____ SCHOOL _____

I hereby submit evidence of completion of college or university
 course work, which allows me to transfer from:

Column _____ to Column _____

 (Certificated Employee's Signature)

COURSE NUMBER	NUMBER OF UNITS		COURSE TITLE	COLLEGE OR UNIVERSITY	UPPER DIVISION OR GRADUATE	COMPLETION DATE
	Sem	Qtr				
Total						

3 qtr units = 2 semester units; 4.5 qtr units = 3 semester units

For District Use Only:

Application Received:	Transcripts Needed:
By (Personnel Office):	Transcripts Complete (Date):
Final Approval by Authorized Admin. Officer:	

Notified Payroll (Date) _____