

**Mount Vernon Public Schools
Mount Vernon, New York**

TEACHER REQUEST FOR SALARY RECLASSIFICATION

(Check one) Effective October 16th

Effective February 16th

NAME _____

SCHOOL _____

MOVE FROM:

(Check one)

- BA
- BA + 15
- BA + 30
- MA
- MA +15
- MA +30
- MA + 45
- MA + 60

MOVE TO:

(Check one)

- BA + 15
- BA + 30
- MA
- MA + 15
- MA +30
- MA + 45
- MA + 60
- Doctorate

The effective date of an approved salary change will be October 16th when this form and official transcripts (with District approved credits) are received by the Human Resources Department by October 1st, or February 16th when received by February 1st. All employees should keep a stamped received copy of these documents for proof of meeting the effective date deadline.

EMPLOYEE SIGNATURE

DATE

Office use only

PRIOR CREDIT APPROVAL RECEIVED: _____ DATE RECEIVED: _____

OFFICIAL TRANSCRIPTS RECEIVED: _____ STAMPED DATE REC'D: _____

RECLASSIFICATION: _____ APPROVED _____ DENIED _____

DISTRICT SIGNATURE