

Delano Public Schools

LANE CHANGE REQUEST

Teacher's Name: _____ Date: _____

Building Location: _____

I am requesting a lane change on the salary schedule.

Present lane position: _____

Expected lane change to: _____

Is an official college transcript of credits attached? _____

If not, has a transcript been requested? ** _____

Are all the credits which would apply to this lane change request directly related to your teaching assignment? _____

If not, please explain: _____

Signature of applicant

Recommendation of Director of Teaching and Learning:

Approved Not Approved

Director of Teaching's Signature

Date

**** No action regarding the lane change request is final until the official transcript is received. Grade slips are acceptable for preliminary action.**

Credits for lane changes are based on the quarter credit system. The formula for converting semester to quarter credits = semester credits x 1.5 = quarter credits.

