



Lane Change Request Form

Employee ID#: _____

Employee Name: _____
(Please Print First and Last Name)

(Position) (Location)

College/University: _____

Address: _____

* Requests must be submitted 2 weeks prior to the effective date of the lane change.
 Lane Changes are processed on the 1st, 6th, 11th and 16th pay dates of the school year.

Required Verification Documents:

Official Transcripts sent directly to the Office of Human Resources from the accredited University via:

Mail **Birmingham Public Schools**
 Office of Human Resources
 31301 Evergreen Road
OR Beverly Hills MI 48025

Email BPS email address for transcripts – transcripts@birmingham.k12.mi.us.

Please accept this form/document as my formal request for a lane change:

Current Lane:	BA	BA+15	MA	MA+15	MA+30
Requested Lane Advancement:	BA+15	MA	MA+15	MA+30	PhD

HR Only: Current Salary _____ New Salary _____

Employee Signature

Date Submitted to HR

Assistant Superintendent for Human Resources

Date