

HORIZONTAL MOVEMENT

Name _____ Date Submitted _____
 (Please Print)

Horizontal Movement From _____ To _____ (Degree + Hours)

If you intend to qualify for horizontal movement on the 2024-2025 salary schedule, please complete the form below and return it to the Superintendent's Office by March 1, 2024.

Pursuant to the Master Agreement Negotiated Items for 1990-91, (ARTICLE V, Section B) a teacher must notify the Superintendent of his/her intent to qualify for horizontal movement on the salary schedule for the next school year by March 1. (See Article VI, Section G of the Master Agreement)

- I. To qualify, the hours taken by the teacher can be undergraduate or graduate hours. All hours must be within a program approved by the Kansas State Department of Education or approved in advance by the Professional Development Committee. The teacher must submit OFFICIAL college (and IDP) transcripts of all approved hours to the Superintendent by September 1 of the school year in which he/she intends to achieve horizontal movement before it will be granted.

COURSES TO BE USED FOR HORIZONTAL MOVEMENT:

Univ./Coll.	Catalog No.	Course Title	Grad. Cr.		No. of
			Yes	No	Semester Hours
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____

PROFESSIONAL DEVELOPMENT INSERVICE CREDIT PTS. (20 PTS. = 1 HR)
 (Please use back for more hours if necessary.) _____

Total Hours _____

- II. Movement to the Master's column will be contingent upon completing a Master's Degree. Movement to the Advanced Degree column will be contingent upon completion of a Specialist Degree or other advanced degree. The teacher must submit an OFFICIAL college transcript verifying the completion of a Master or Specialist Degree to the Superintendent by September 1 of the school year in which he/she intends to achieve horizontal movement before it will be granted.

DEGREE _____ Date of Completion _____ Univ./College _____

Signature of Teacher _____

Approval of Submitted Hours _____

Date _____

 Assistant Superintendent of Schools