



Mount Vernon City School District

165 North Columbus Avenue • Mount Vernon, NY • 10553 t 914-358-2350 • f 914-665-5596

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 **(SEALED)** transcripts (with District approved credits) are received by the HR Department by October 1st, or February 16th when received by February 1st. The transcripts can be mailed or emailed directly from the institution to the HR Department: humanserources@mtvernoncsd.org. This form is considered submitted once Official Transcripts are received by the Human Resources Department.

EMPLOYEE SIGNATURE

DATE

Office use only

PRIOR CREDIT APPROVAL RECEIVED: _____ DATE RECEIVED: _____

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

RECLASSIFICATION: _____ APPROVED _____ DENIED _____

DISTRICT SIGNATURE