UNION PUBLIC SCHOOLS
SUPPORT PERSONNEL
EDUCATIONAL PLACEMENT REQUEST

NAME_____**DATE**_____

CURRENT ASSIGNMENT_____**SITE**_____

***Official transcripts (from an accredited college or university) must be received prior to September 1st of the fiscal/school year in which an adjustment is being requested.**

SALARY ADJUSTMENT REQUEST DUE TO COMPLETION OF A DEGREE IN AN AREA SPECIFICALLY RELATED TO CURRENT JOB FUNCTIONS (Official transcript must be attached.)

☐ **ASSOCIATE'S OR 60 COLLEGE CREDIT HOURS**

☐ **BACHELOR'S**

☐ **MASTER'S**

APPLICANT SIGNATURE_____

HUMAN RESOURCES SIGNATURE_____