

REQUEST FOR CHANGE OF SALARY CLASSIFICATION

FOR PROFESSIONAL STAFF

To be completed and submitted to the Executive Director with supporting documents.

IU ___ Spec Ed ___ STC ___

Teacher _____ Date _____
(Print)

I, herein, request a change of salary classification from:

Step _____ Track _____ to Step _____ Track _____

The basis of this request is the completion of _____ additional credits listed below. Courses must be completed prior to the beginning of the new school year. Copies of transcripts for the earned credits are attached.

	COURSE TITLE/NUMBER	CREDITS	INSTITUTION	DATE COMPLETED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Transcripts Attached

Signature of Teacher

Office Use Only:

New Step and Track _____

New Salary _____

Effective Date _____

Approved Yes No

Date _____

Dr. Gregory S. Koons
Executive Director

(Date) Copy of Approved Change Form to Executive Director's Secretary for the next Board Meeting.

_____ Copy to Employee

_____ Original Form with Attachments to Employee's Personnel File