



Holbrook Public Schools
APPLICATION FOR CHANGE OF SALARY LANE

Name: _____ has completed
_____ course(s), with a total of
_____ semester hours of credit at (name of college) _____ on
(date) _____, and hereby makes application for advancement to the
_____ salary lane.

OFFICIAL TRANSCRIPTS ARE ATTACHED. (If transcripts are unavailable at the present time, please forward them upon receipt.)

Staff member's signature: _____ Date: _____

SUPERINTENDENT'S APPROVAL:

Application for change of salary lane meets the requirements of above cited contractual agreement and is hereby approved for payment.

Superintendent of Schools

Date of approval

CONFIRMATION OF RECEIPT AT CENTAL OFFICE:

Received by: _____

Date and time stamp: