



MOUNT VERNON CITY SCHOOL DISTRICT

165 North Columbus Avenue | Mount Vernon, New York 10553 | www.mtvernoncsd.org

TEACHER REQUEST FOR SALARY RECLASSIFICATION

EFFECTIVE DATE (Check One): ☐ October 16th

☐ 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: humanresources@mtvernoncsd.org. This form is considered submitted once Official Transcripts are received by the Human Resources Department.

EMPLOYEE SIGNATURE

DATE

FOR OFFICE USE ONLY

PRIOR CREDIT APPROVAL RECEIVED: _____

DATE RECEIVED: _____

OFFICIAL TRANSCRIPTS RECEIVED: _____

STAMPED DATE REC'D: _____

RECLASSIFICATION: ☐ Approved ☐ Denied _____

DISTRICT SIGNATURE