

NRHEG Public School ISD #2168
**Teacher Salary Schedule Lane Change
Approval Notice Form**

Rev. 12-19-2025



Step 3 of 3. To be filled out and signed by the teacher and submitted to the Superintendent.

Teacher Name: _____

Current Lane _____

Date Last Course Completed Qualifying for Lane Change: _____

Course: _____

Total credits accumulated qualifying for lane change: _____ (attach copy of your final transcript)

University / College: _____

Teacher Signature: _____

*****To be completed by the District Office*****

Current Lane

____ BA ____ BA+10 ____ BA+20 ____ BA+30 ____ MA ____ MA+10 ____ MA+20 ____ MA+30

New Lane

____ BA ____ BA+10 ____ BA+20 ____ BA+30 ____ MA ____ MA+10 ____ MA+20 ____ MA+30

____ Approved ____ Not Approved/Reason: _____

Payroll Date of Lane Change: _____

Superintendent Signature: _____ Date: _____

C: Teacher's Personnel File
Administrative Assistant to Superintendent
Payroll Manager
Supervising Principal