APPENDIX NN

Request for Salary Adjustment for Lakewood Academic Growth Units (LAGU)

Name: _____
Last First MI

Building: _____ Teaching Assignment: _____

I certify that I have completed 75 contact hours of coursework approved for Lakewood Academic Growth Units (LAGUs). I wish to have my salary adjusted to reflect this.

Signature _____ *Date* _____

For Human Resources Use Only:

To be completed by the Department of Human Resources
and a copy sent to the teacher.

Approved: _____ _____
Director of Human Resources

Not Approved: _____ _____
Date

(Effective August 1, 2008)