MOUNT VERNON CITY SCHOOL DISTRICT

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

ADMINISTRATOR REQUEST FOR SALARY RECLASSIFICATION

EFFECTIVE DATE: ☐ October 15th

NAME _____ **SCHOOL** _____

MOVE FROM:
(Check One)

- ☐ MA + 30
- ☐ MA + 45
- ☐ MA + 60

MOVE TO:
(Check One)

- ☐ MA + 45
- ☐ MA + 60
- ☐ Doctorate

The effective date of an approved salary change will be October 15th when this form and official **(SEALED)** transcripts (with District-approved credits) are received by the HR Department by October 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

07/2026