HR Use Only:
Date Last Submitted for Horizontal Movement

_____

Pueblo School District No. 70
Department of Curriculum and Instruction

Certified Declaration of Academic Credits

_____ _____
Employee Name (Please Print) Date School

_____
Placement on Salary Schedule **before** this declaration

I hereby declare the horizontal movement I am submitting is for:

BA+10 ◯ BA+20 ◯ MA ◯ MA+20 ◯ MA+40 ◯ MA+60 ◯ MA/MA PhD ◯

I have obtained my Masters in _____(College/University)_____

I have a second Masters in _____(College/University_____

Listed on the Declaration Form are the college courses or in-service classes I am declaring. Scanned copy of **Official** transcripts and/or the PowerSchool Professional Learning transcripts must accompany this Declaration form. This declaration must be scanned and emailed to c_and_i@district70.org on or before **August 15th or January 15th**, for horizontal movement. **PLEASE NOTE**: Horizontal movement packets must be scanned and emailed to c_and_i@district70.org and will **not** be accepted if dropped off in person. I understand Article 17 of the Pueblo County Teachers Negotiated Agreement states:

17-1-1 The District will recognize only those graduate credits that are in accordance with the criteria established by the Colorado Department of Education for recertification credit.

17-1-2 Credits other than those described in Article 17-1-1 above will be recognized only if such credits have been approved in writing by the Director of Personnel prior to the beginning of the course for which credit for lateral movement is sought.

17-1-3 The District will continue its practice of granting credits for lateral movement on the salary schedule to those teachers who successfully complete participation as a member of a District curriculum committee.

I understand it is my responsibility to produce **official** college transcripts and PowerSchool Professional Learning transcripts or undergraduate course transcripts with prior approval to verify my additional hours beyond my highest degree. This evidence must be scanned and emailed to c_and_I@district70.org by August 15th or January 15th, when applicable for horizontal movement.

Employee Signature _____

****To gain horizontal movement beyond the MA columns, course work, hours or credit must be completed after the MA Degree is awarded.**

Evaluated and Approved by:

☐ **APPROVED**

Carryover Hours **Total Hours**

☐ **NOT APPROVED**

DECLARATION FORM

For and in consideration of School District No. 70, in the County of Pueblo, and State of Colorado, I hereby request an adjustment on the Teachers Salary Schedule based on my claim of academic hours earned as set forth below. I understand that verification of these hours, in the form of scanned copies of official college transcripts and PowerSchool Professional Learning transcripts, must accompany this Declaration and be scanned and emailed to c_and_i@district70.org on or before **August 15th or January 15th**.

Name:		Date Submitted:		
Date of Course	College/ University or Course Provider	Name of Course and or Course Number	Clock Hours	Semester Credits
		Total Hours		