

APPLICATION FOR MOVEMENT ON SALARY SCALES

NAME _____ DATE _____

If you wish to be considered for salary movement for the coming school year please indicate your current salary step and the proposed salary step and return this form to Central Office by the date indicated below.

CURRENT SALARY STEP _____ PROPOSED SALARY STEP FOR _____ SCHOOL YEAR

BA		BA+12
BA+12		BA+24
BA+24		M or BA+36
M or BA+36*		M+12 or BA+48*
M+12 or BA+48*		M+36 or BA+72*

*not accessible to teachers hired after 1996-97 school year.

I understand the burden of proof is mine and I will place, or I have on file in the Central Office, official transcripts and other supporting documents required by the Committee. Permission is granted the Committee to examine my transcripts.

Signed Date

**This must be returned to the Office of the Superintendent by March 1st.
All transcripts must be received by November 15.**

FOR OFFICE USE ONLY

APPROVED _____ STEP PLACEMENT _____ DATE _____

NOT APPROVED _____

		Date of Hire	
		Graduate Credits	
		Undergraduate Credits	

Total Semester Hrs. _____