

SHORE REGIONAL HIGH SCHOOL

SALARY SCHEDULE CHANGE

NAME: _____

DATE: _____

Since being placed on the _____ salary schedule, I have successfully completed the following approved courses and request that I advance and be placed on the _____ salary schedule.

Please provide official transcripts showing completion of the below courses:

Course Number	Course Title	Credits	University	Date/Semester Completed

I understand that this change will become effective only after *official transcripts of the credits have been received in the central office*. If courses are completed in the Spring or Summer, the new salary shall be paid as of September 1st. If courses are completed by the end of January, the new salary shall be paid as of February 1st. Any such change will be made retroactive to the beginning of the semester which immediately succeeds the completion of the last course involved, if this request is filed with the Superintendent within the second calendar month of such semester. Late requests will become effective on September 1st or February 1st, whichever comes first, following the filing of the request.

Employee Signature: _____ Date: _____

For Central Office Use Only

Date Received: _____ BOE Mtg Date: _____ Effective Date of New Salary: _____

Transcripts Received: _____ New Degree/Step: _____ New Salary: _____

Approved By: _____ Date: _____