

REQUEST FOR SALARY CLASSIFICATION CHANGE

I hereby request that my status be evaluated for a change in salary classification effective _____ of the _____ school year. *(July 1 or January 1)*

NAME _____ SITE _____

Will you be completing your master's degree for this salary reclassification? ____ Yes ____ No

Is this reclassification based upon obtaining a preliminary or clear credential? ____ Yes ____ No

It is the employee's responsibility to ensure that the information submitted to Human Resources is complete, with all credentials, classes and degrees posted, including the conferral date. All transcripts must be submitted in accordance with the appropriate timelines per Appendix A of the Certificated Bargaining Agreement.

The following courses have been or will be completed since my last salary reclassification:

Course Title	# of Units	College/University	Date Completed

Official sealed transcripts verifying completion of coursework are required. All Quarter Units will be converted to Semester Units (1 quarter unit = .67 semester unit)

Signature

Date

****DISTRICT USE ONLY****	
College/University	Total # of Units

DATE AND TIME STAMP OF RECEIPT OF THIS FORM →

