Weld County School District Re-5J

REQUEST TO MOVE ON THE SALARY SCHEDULE

The approved courses (shown below) have been completed and are submitted for additional degree/hours toward horizontal advancement on the Certified Salary Schedule. I am requesting to move from:

Step ____, _____ to _____.
Degree + hours Degree + hours

I have submitted written verification of this work in the form of official transcripts, certificates of completion, or instructor's statements on or before September 1st to verify the change in horizontal advancement on the Certified Salary Schedule, and if evidence is other than official transcripts, I will submit official transcripts on or before October 1st.

I understand that it is my responsibility to meet the requirements for Salary Schedule change by September 12, and that evidence for work presented after this date will apply to the next anniversary date for salary change, which is September of the following year.

Employee Name _____

Employee Signature _____ Date _____

COURSE NAME /OTHER	Semester Hours	COLLEGE OR UNIVERSITY / OTHER