

FORM A
TEACHER APPLICATION FOR MOVEMENT ON SALARY SCHEDULE
TO MA +60

NAME _____ SCHOOL _____ ASSIGNMENT _____

I hereby apply for movement on the salary schedule from _____ to _____ based on
 degree degree
 satisfactory completion of the courses I have listed below. In order to be eligible for consideration, I understand that I must provide **OFFICIAL TRANSCRIPTS** for all courses listed. No more than 6 credits of the 15 credits required for salary movement may be from the classroom management/conflict/stress categories. (Please see Contract Agreement, Articles VII and VIII for further clarification.)

NOTE: Official transcripts or completion certificates **and** a copy of the application for each course listed below from My Learning Plan that indicates Final Approval must be submitted by October 1 and March 30 for payment to be retroactive to July 1 or February 1, respectively.

| NAME OF COURSE | OFFICIAL COURSE No. | INSTITUTION | CREDITS | TERM/YEAR |
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Teacher Signature _____ Date _____

Office Use Only
To the Teacher

Your application for movement on the salary schedule from _____ (step/degree) to _____
 (step/degree) has been approved. Accordingly, your annual salary will be increased from \$ _____
 to \$ _____ effective _____. Congratulations!

 Signature of Superintendent or Designee

 Date

Central Office Check: \$ _____