

CLIO AREA SCHOOLS

REQUEST FOR CHANGE IN SALARY SCHEDULE

Name _____ Date _____
(Please print)

Building _____ Grade _____

I am requesting a change in my position on the salary schedule of the Master Agreement.

- I am currently being paid according to Column _____ Step _____
- I am requesting my salary be based on Column _____ Step _____

The following information must be attached to this request:

- A certified transcript indicating 20 hours or a certified transcript or diploma indicating attainment of a Master's Degree.
- If change is for years experience, please attach written statement supporting your claim.

Signature _____ Date _____

FOR PERSONNEL OFFICE USE	
Request approved	Request denied
Date pay change becomes effective	Reason:
New salary amount:	

Administrative Signature _____ Date _____