REQUEST FOR CHANGE IN SALARY CLASSIFICATION
FOR SCHOOL YEAR 20____20________

In any given school year this form should be completed only when a course is concluded and transcripts are ready to be forwarded. Requests must be submitted by September 1st for change of salary classification for the ensuing school year.

Employee: ___________________________ School No.__________

Present Position: ______________________ Date:______________

I hereby apply for a change in my salary classification as follows: (circle one in each category)

FROM ________ TO ________

BA
BA+15
MA
MA+15
MA+30
MA+45

Official transcripts have been forwarded on _____________________________ to the Superintendent’s Office, The Municipal Complex, 525 Palisade Avenue, Cliffside Park, NJ 07010.

The particular courses which substantiate the request for change in classification are as follow:

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>COURSE NUMBER</th>
<th>TITLE OF COURSE</th>
<th>NUMBER OF CREDITS</th>
<th>COMPLETION DATE</th>
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Comments:
_____________________________________________________________________________

_____________________________________________________

Transcript received: ____________________________________________ Date

Approved: ___________________________ Denied:_________________________

Superintendent of Schools ___________________________ Date:______________
Signature

*complete in duplicate

Rev 5/14/13