



## SALARY ADJUSTMENT REQUEST FORM

An official transcript must accompany this form.  
Submit the completed form and official transcript to the Superintendent's Office for review.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

1) Current Step: \_\_\_\_\_

Circle One:            Bachelor's    Master's

Circle One:            Plus 15        Plus 30

2) Adjustment Requested: \_\_\_\_\_

Circle One:            Bachelor's    Master's

Circle One:            Plus 15        Plus 30

Employee Signature: \_\_\_\_\_

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This section to be completed by administration:

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Signature of Reviewer: \_\_\_\_\_

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