



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 _____
And verify that, I **had** my _____ degree + _____ hours
(Bachelors/Masters)

- I am requesting my salary according to Column _____ Step _____
And verify that, I **have** my _____ degree + _____ hours
(Bachelors/Masters)

The following information must be attached to this request:

- A certified transcript indicating number of hours or certified transcript indicating attainment of a Master Degree. **NOTICE:** Must be mailed/emailed directly to the Administration office from the college/university.

- If request is for years of 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 _____