

**KENT CITY SCHOOLS
OFFICE OF THE SUPERINTENDENT**

REQUEST FOR SALARY SCHEDULE ADVANCEMENT

Name _____ Date _____

Address _____ Telephone _____
Street

_____ City Zip

Working toward what salary column? **B+10** **B+20** **Masters** **M+15** **M+30**
5*c-5*w 5*c-5*w 6*c-9*w 6*c-9*w

Accredited Graduate School(s) _____
 *C=courses *W= workshops

Graduate Courses Taken:

COLLEGE/ UNIVERSITY	COURSE NUMBER	WORKSHOP NUMBER	COURSE/WORKSHOP TITLE	SEMESTER HOURS	YEAR TAKEN

(Please use reverse side if additional space is needed.)

Please attach all official transcripts for documentation.

Signature of Applicant _____ Building _____

# # # # # # # # # #	<i>Office Use Only</i>	# # # # # # # # # #
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_____ Total Courses Total Workshops

Program Approval _____ Date _____
Assistant Superintendent

Moved to _____ at _____ years experience effective beginning _____

