

REQUEST FOR LATERAL SALARY MOVEMENT

Name: _____ Phone: _____ Date: _____

Employee ID#: _____

School: _____

Assignment: _____

Current Level			
<input type="checkbox"/> BA	<input type="checkbox"/> BA+20	<input type="checkbox"/> BA +40	<input type="checkbox"/> MA
<input type="checkbox"/> MA+20	<input type="checkbox"/> MA+40	<input type="checkbox"/> MA +60	<input type="checkbox"/> MA+80 / Dr

Course work listed below for lateral move should be graduate level, district in-service, or prior approved out of district work that you have completed. Documentation in the form of official transcripts from the university or the St. Vrain Valley Professional Development Office should accompany this form.

List all coursework/credit that you are requesting be considered for lateral movement below. It is the responsibility of the educator to keep track of which credits have already been applied to a prior lateral movement. Educators can review their personnel files for this information during regular business hours, by contacting Human Resources at 303-682-7367. Please review the additional credit information on page two of this form.

Semester Hours	Issued by:	Course # and Name	Date

_____ **TOTAL Credit**

Human Resources Office Use Only Allow: _____ Effective: _____ Signature HR: _____ Date: _____
--