KENT CITY SCHOOLS OFFICE OF THE SUPERINTENDENT

REQUEST FOR SALARY SCHEDULE ADVANCEMENT

Name	ameDate											_			
Address		011				1	Геlep	hor	ie						
		Street													
City				Z	Zip										
Working toward what salary column?					B+10 B+20 5*c-5*w 5*c-5*w			Masters			M+15 6*c-9*w			M+ 6*c	30 -9*w
Accredited Grace *C=courses *W= we		hool(s)_													-
C=courses w= w	orksnops		<u>Gra</u>	iduate Co	urses T	<u>aker</u>	<u>1:</u>								
COLLEGE/ UNIVERSITY		URSE MBER	WORKSHOP NUMBER			COURSE/WORKSHOP TITLE				SEMESTER HOURS			YEAR TAKEN		
		(Pleas	se use re	everse side if	additional	space	is ne	edec	i.)						
	Р	lease att	ach all	official tra	nscripts 1	for d	ocur	nent	atio	n.					
Signature of Ap	plicant_					Build	ding								
# # # #	# #	# #	# #	F Office U	lse Only	#	#	#	#	#	#	#	#	#	#
Total Cours	es	Total Wo	orkshop	S											
Program Approv	/al	Dire	ctor of l	Personnel		Date_									
Moved to	at		yea	rs experier	ice effect	ive b	egir	nin	g						

SALARY SCHEDULE ADVANCEMENT FORM PAGE 1 Revised 9/15/23

Graduate Courses Taken:

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