

Change in Rank

Complete and submit this form to the Superintendent by September 15 (fall term) or by January 15 (spring term). Attach documentation verifying your change in rank.

EMPLOYEE'S NAME _____

SCHOOL/WORK LOCATION _____

IMMEDIATE SUPERVISOR'S NAME _____

My rank will change from _____ to _____

effective for the fall term spring term of the _____ school year. Attached is the required documentation to verify my rank change.

TEACHERS ONLY

National Board Certification is pending. Pursuant to policy 03.121, I am providing this notice prior to September 15 in the event a rank-related increase in salary is indicated.

Employee's Signature *Date*

Superintendent's Signature *Date*

NOTE: Before salary adjustments can be made, documentation verifying change in rank must be received by the Superintendent and on file at the Central Office.

Review/Revised: 11/21/02