

HUNTSVILLE SCHOOL DISTRICT

APPLICATION FOR CERTIFIED SALARY STEP CHANGE

This form must be filled out and returned along with an original transcript (stamped or sealed) from an accredited institution. Documents must be received in the HSD Administration Office by September 1st in order for the salary adjustment to be made for the upcoming school year.

Name of Employee: _____

School: _____ S.S.# _____

Position: _____ Date: ____/____/____

Degree/Educational Level for which application is made:

_____ B.S. + 12

_____ B.S. + 24

_____ B.S. + 36/M.A.

_____ M.A. + 15

_____ M.A. + 30/SP.

_____ ED.D./PH.D.

For Office Use:

Date application approved: ____/____/____

Application denied on: ____/____/____ Reason: _____

Signature of School Official