

REQUEST FOR SALARY TRANSFER

Courses must be completed by September 1, Marked Complete on Frontline, and submitted by Sept 1
Please make sure to review the contract, Form must be typed and signed prior to submitting to Personnel Office

Teacher's Name:
Position:

Date Of Request:
Initial Year of Employment with OBENCSD:

Effective Transfer Date: September 1, 20__

COURSE NUMBER	COURSE TITLE	INSTITUTION	DATE OF APPROVAL	IS AN OFFICIAL TRANSCRIPT ON FILE? Yes/No	G= Graduate Credit I= Inservice Credit	NUMBER OF CREDITS

I hereby wish to use the above courses for a salary transfer to Schedule: _____ . (ex. MA+30, MA+60)

I request this salary to become effective September 01, 20__

****Signature****

Mail or drop off this form to the Personnel Department, attention: Marguerite Lieb

Human Resources Department use:

Date of Last Transfer: _____ *from* _____ *step* *to* _____ *step*

Requested Transfer: From: _____ *step* \$ _____ *to* _____ *step* \$ _____ .

Superintendent's Approval: _____