

**ALDEN-HEBRON S.D. #19**  
**Certified Staff Request for Change on Salary Schedule**

Employee's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I have successfully (Grade of A or B) completed the following approved course(s) and request that movement on the salary schedule be applied to reflect this completion:

Name of Course(s)	University/College	# of Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This causes me to move to \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
Step Degree Hour

Changes to my salary will be applied to the 20\_\_\_\_\_ school term.

Employee's Signature \_\_\_\_\_

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- Approved
- Denied

Reason for Denial \_\_\_\_\_

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Superintendent's Approval \_\_\_\_\_

Date of Approval \_\_\_\_\_