

## 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 1<sup>st</sup> 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 \_\_\_\_\_ Date Completed \_\_\_\_\_ Institution

\_\_\_\_\_ B.S. + 24 \_\_\_\_\_ Date Completed \_\_\_\_\_ Institution

\_\_\_\_\_ B.S. + 36/M.A. \_\_\_\_\_ Date Completed \_\_\_\_\_ Institution

\_\_\_\_\_ M.A. + 15 \_\_\_\_\_ Date Completed \_\_\_\_\_ Institution

\_\_\_\_\_ M.A. + 30/SP. \_\_\_\_\_ Date Completed \_\_\_\_\_ Institution

\_\_\_\_\_ ED.D./PH.D. \_\_\_\_\_ Date Completed \_\_\_\_\_ Institution

---

#### For Office Use:

Date application approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application denied on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Official