

INDEPENDENT SCHOOL DISTRICT #435

LANE CHANGE REQUEST

Print Name: _____

Date: _____

Signature: _____

I am requesting a lane change from _____ to _____

The following course(s) with credits as indicated have been approved for purposes of determining placement on the District's salary schedule:

Course No.	Title	Credits	College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please be advised that before actual lane change can occur, **you will be required to submit an official transcript** to the Superintendent.

Approved: _____
Principal

Approved: _____
Superintendent

Office use only

Date Approved by School Board: _____ Lane from: ____ Lane to: _____ Total Lane Change \$ _____

New FY Salary: \$ _____ Total Salary & Benefits: \$ _____ List Increase by O/S code:

(210) _____ () _____

Effective Date: _____

(218) _____ () _____

verified: _____

(220) _____ () _____

Budget changed: _____
initial date