

Change in Rank/Licensure

Complete and submit this form to the Superintendent at least two (2) weeks prior to the beginning of the affected school term. Attach documentation verifying your change in rank/licensure.

Employee's Name: _____

Employee's Classification: CERTIFIED CLASSIFIED

School/Work Location: _____

Immediate Supervisor's Name: _____

My rank/licensure will change from _____

to _____,

effective for the fall term spring term of the _____ school year.

Attached is the required documentation to verify my rank/licensure change.

TEACHERS ONLY

National Board Certification is pending. Pursuant to policy 03.121, I am providing this notice prior to September 15 in the event a rank-related increase in salary is indicated.

Employee's Signature *Date*

Superintendent's Signature *Date*

NOTE: Before salary adjustments can be made, documentation verifying change in rank/licensure must be received by the Superintendent and on file at the Central Office.

Review/Revised:6/18/07