

**STEP-SALARY INCREASE REQUEST FORM**

NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

I have completed the coursework necessary to qualify for a step-salary increase. I am requesting to be moved from a \_\_\_\_\_ to a \_\_\_\_\_. Please adjust my salary to reflect this step-salary increase.

\_\_\_\_\_  
*(Applicant's Signature)*

\_\_\_\_\_  
*(Date)*

Transcript Included

(Ref: CEA Contract Agreement/Article 8/Section A/Item 2)

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**OFFICE USE ONLY:**

Date Application Received \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
*Superintendent's Signature*

\_\_\_\_\_  
*Date*