

**CLIFFSIDE PARK PUBLIC SCHOOLS  
CLIFFSIDE PARK, NJ 07010**

**REQUEST FOR CHANGE IN SALARY CLASSIFICATION  
FOR SCHOOL YEAR 20\_\_\_\_20\_\_\_\_\_**

In any given school year this form should be completed only when a course is concluded and transcripts are ready to be forwarded. Requests must be submitted by September 1<sup>st</sup> for change of salary classification for the ensuing school year.

Employee:\_\_\_\_\_ School No.\_\_\_\_\_

Present Position:\_\_\_\_\_ Date:\_\_\_\_\_

I hereby apply for a change in my salary classification as follows: (circle one in each category)

<b><u>FROM</u></b>		<b><u>TO</u></b>	
BA	MA	MA	
BA + 10	MA + 10	BA + 10	MA + 10
BA + 20	MA + 20	BA + 20	MA + 20
BA + 30	MA + 30	BA + 30	MA + 30
	MA + 45		MA + 45
			<b>PHD</b>

Official transcripts have been forwarded on \_\_\_\_\_ to the Superintendent's Office, The Municipal Complex, 525 Palisade Avenue, Cliffside Park, NJ 07010.

The particular courses which substantiate the request for change in classification are as follow:

INSTITUTION	COURSE NUMBER	TITLE OF COURSE	NUMBER OF CREDITS	COMPLETION DATE

Comments:\_\_\_\_\_

Transcript received:\_\_\_\_\_ Date \_\_\_\_\_

Approved:\_\_\_\_\_ Denied:\_\_\_\_\_

Superintendent of Schools \_\_\_\_\_ Date:\_\_\_\_\_

Signature

**\*complete in duplicate**