

**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>FROM</b> _____		<b>TO</b> _____	
<b>BA</b>	<b>MA</b>	<b>BA+15</b>	<b>PHD</b>
<b>BA+15</b>	<b>MA+15</b>	<b>MA</b>	
	<b>MA+30</b>	<b>MA+15</b>	
	<b>MA+45</b>	<b>MA+30</b>	
		<b>MA+45</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**