



4670 11th Street
East Moline, IL 61244
309-796-2500
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Christan Schrader
Director

REQUEST FOR SALARY LANE ADJUSTMENT

I, _____, am requesting approval for a change in salary lane classification.
(Employee Name)

I understand that to receive salary adjustments effective at the opening of the school year, all applicable transcripts must be filed in the administrative office by August 30th. **Note: Any transcripts submitted 1 year after the course end date will be subject to administrative approval.**

Current Salary Lane Classification

Requested Salary Lane

Current School Year

Employee's Signature

Date

FOR OFFICE USE ONLY

This will ____ will not ____ change _____'s salary lane classification
(Staff Member's Name)
for the _____ contract year.

New Salary Lane Classification

New Salary

Date Effective