

**CUYAHOGA FALLS CITY SCHOOL DISTRICT  
OFFICE OF PERSONNEL**

**EDUCATIONAL ADJUSTMENT REQUEST FORM**

Educational adjustments to the salary schedule shall be made only in October and February of each school year. Requests and transcripts must be received by the 1<sup>st</sup> of either month to be considered. Adjustments made in October shall be retroactive to the beginning of the contract year; February adjustments shall be retroactive to January 1.

**I am requesting an adjustment to my educational level on the salary schedule.**

**Based on additional education, I believe that I should be moved:**

From (circle one):    BA/BS    BS+15    150 hrs.    MA/BA +45    MA+15    MA+30

To (circle one):        BS+15    150 hrs.    MA/BA +45    MA+15    MA+30        PhD

In the space below, please indicate the complete list of all hours that will validate your request for a salary adjustment. **This form must be submitted with original transcripts attached.**

COLLEGE/UNIVERSITY	SEMESTER/QUARTER HOURS	YEAR ATTENDED

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Building (circle one): CFHS    BO    RO    DE    LI    PR    PI    RI    SL

Office Use Only: Date Received \_\_\_\_\_ Approved \_\_\_\_\_