

**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 1st 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 _____