



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

Request for Salary Change Classification

School Year: 20____ - 20____

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

Employee: _____

School: _____

Present Position: _____

Date: _____

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

FROM:

<input type="checkbox"/> BA	<input type="checkbox"/> MA
<input type="checkbox"/> BA+15	<input type="checkbox"/> MA+15
	<input type="checkbox"/> MA+30
	<input type="checkbox"/> MA+45

TO:

<input type="checkbox"/> BA+15	<input type="checkbox"/> MA	<input type="checkbox"/> PHD
	<input type="checkbox"/> MA+15	
	<input type="checkbox"/> MA+30	
	<input type="checkbox"/> MA+45	

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: _____

***complete in duplicate**