



**GENERAL McLANE SCHOOL DISTRICT**  
**Notification for Lateral Movement On Salary Schedule**

I, \_\_\_\_\_, hereby certify that I have received additional credits entitling me to receive additional compensation for lateral movement on the salary schedule in accordance with the terms and conditions of the Teacher Agreement. I have attached copies of my transcript(s).

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPROVED** \_\_\_\_\_

**SALARY LEVEL:**

BA + 15 \_\_\_\_\_

MA or Equivalency \_\_\_\_\_

MA or Equivalency + 15 \_\_\_\_\_

MA or Equivalency + 30 \_\_\_\_\_

MA or Equivalency + 45 \_\_\_\_\_

Doctorate \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**COPIES TO:**

Payroll \_\_\_\_\_

Personnel File \_\_\_\_\_