



GENERAL McLANE
SCHOOL DISTRICT

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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: _____

****Please note: The person filling out this form MUST provide copies of transcript(s) to support this lateral movement request. If no transcripts are submitted, the request will not be considered.**

APPROVED: _____

DATE: _____

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 _____