

Appendix B

BYRAM HILLS SCHOOL DISTRICT
Armonk, New York

APPLICATION FOR SALARY LANE CHANGE

Movements are effective on 9/1 or 2/1 only.

Teacher's Name (please print)

Building

I request a salary lane change from _____ to _____. I have
(salary lane, step) (salary lane, step)

completed the pre-approved courses necessary for this salary lane change and have requested that the appropriate documentation (official transcripts, original in-service certificates/letters) be forwarded to the District. The demonstrations of new learning have been completed, verified, and dated by my supervisor, and I have sent the original signed copies of the Application of Course Approval forms to the Director of Personnel.*

Teacher's Signature

Date

=====
As of this date, _____ has completed _____ graduate and _____ in-service credits toward the salary lane change requested. All coursework and demonstrations have been completed and verifications are on file.

Comments: _____

Cynthia Vanderheof, Personnel Assistant

Date

Effective Date

Approved

Disapproved

Comments: _____

Dr. Jacquelyn Taylor, Superintendent of Schools

Date

=====
*Approval will be granted only upon receipt of appropriate documentation.