

Ann Arbor Public Schools

REQUEST FOR CHANGE TO APPROPRIATE SALARY SCHEDULE

Pursuant to the AAEA Master Agreement, by submitting this degree change form, the undersigned is attesting to completion of all requirements **as of the date** of this request.

Please check:

BA + 30 _____

MA _____

MA+30; 2MA; BA+60 w/MA _____

Ed. Spec. _____

BA+90 w/MA _____

Ph.D. _____

Are official transcripts and/or documentation attached? Yes _____ No _____

If not, please indicated what College/Universities they are being sent from: _____

By signing this form, the employee assumes full responsibility for compliance, timelines and representations made on this request.

Date

Name (Please print)

I.D.#

Position

Signature

School or Department