



Sedan USD #286

**SALARY
ADVANCEMENT/ENHANCEMENT
REQUEST FORM**

2020-21

Unified School District #286
416 E. Elm, Suite B
Sedan, KS 67361
Phone (620) 725-3187
Fax (620) 725-5642

Return to the District Office by September 1, 2020.

Name (*please print*) _____ Building _____

SALARY SCHEDULE PLACEMENT

Please indicate your ***current placement*** on the salary schedule below:

_____ Salary Schedule Placement (i.e. BA, BA+12, BA+24, BA+40, M, M+12, M+24, M+40)

Please indicate your ***requested placement*** on the salary schedule below:

_____ Salary Schedule Placement (i.e. BA, BA+12, BA+24, BA+40, M, M+12, M+24, M+40)

Please list colleges attended to support this enhancement request:

College: _____	#hrs: _____	College: _____	#hrs: _____
College: _____	#hrs: _____	College: _____	#hrs: _____
College: _____	#hrs: _____	College: _____	#hrs: _____

It is the employee's responsibility to contact the college and make sure transcripts arrive by the deadline!

To be considered for salary advancement, official transcripts for additional hours/college degree must be submitted to the district office by September 1, 2020. **Failure to notify the superintendent of plans to advance on the salary schedule will be cause to remain in the current column preparation for the succeeding year.**

I understand that failure to complete the requirements and to provide transcripts by the respective deadline will disqualify me from salary enhancement consideration for the fiscal year.

Signature of Teacher

Requested Date

-Approved -Not Approved

Signature of Superintendent

(Date transcript received: _____)