

## FACULTY PAY LEVEL CHANGE REQUEST Per the Collective Bargaining Agreement, Article 27

EMPLOYEE'S NAME	PID#
GENERAL AREA:	PRIMARY TEACHING FIELD:
CURRENT PAY LEVEL: ( ) PAY LEVEL I - HIGH SCHOOL; ASSOCIATE'S DI ( ) PAY LEVEL II – MASTER'S DEGREE	EGREE; BACHELOR'S DEGREE
PAY LEVEL CHANGE TO: ( ) PAY LEVEL II – MASTER'S DEGREE ( ) PAY LEVEL III – EARNED DOCTORATE OR MF	A
EMPLOYEE'S SIGNATURE	DATE
OFFICIAL TRANSCRIPT(S) MUST BE ATTACHED IN	ORDER FOR THIS REQUEST TO BE PROCESSED BY HUMAN RESOURCES
PAY LEVEL REQUEST REVIEWED AND APPROVE	D:
DEAN'S SIGNATURE	DATE
DO NO	OT COMPLETE BELOW THIS LINE
HUMAN RESOURCES DEPARTMENT USE ONLY:	
Pay level agrees with degree attainment	t: ( ) Yes ( ) No
2. From: Current Level	To: New Level
<ol> <li>Board of Trustees Meeting Date for App</li> </ol>	oroval:
4. From: Current Salary \$	To: Level Change Salary \$
REVIEWED FOR ACCURACY AND PROCESSING FO	OR DISTRICT BOARD OF TRUSTEES AGENDA
HUMAN RESOURCES COORDINATOR DA	ATE DIRECTOR OF TALENT ACQUISITION DATE