

FACULTY PAY LEVEL CHANGE REQUEST Per the Collective Bargaining Agreement, Article 28

EMPLOYEE'S NAME _____ PID# _____

GENERAL AREA: _____ PRIMARY TEACHING FIELD: _____

CURRENT PAY LEVEL:

- PAY LEVEL I - HIGH SCHOOL; ASSOCIATE'S DEGREE; BACHELOR'S DEGREE
- PAY LEVEL II – MASTER'S DEGREE

PAY LEVEL CHANGE TO:

- PAY LEVEL II – MASTER'S DEGREE
- PAY LEVEL III – EARNED DOCTORATE OR MFA

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 APPROVED:

DEAN'S SIGNATURE _____ DATE _____

DO NOT COMPLETE BELOW THIS LINE

HUMAN RESOURCES DEPARTMENT USE ONLY:

1. Pay level agrees with degree attainment: Yes No
2. From: Current Level _____ To: New Level _____
3. Board of Trustees Meeting Date for Approval: _____
4. From: Current Salary \$ _____ To: Level Change Salary \$ _____

REVIEWED FOR ACCURACY AND PROCESSING FOR DISTRICT BOARD OF TRUSTEES AGENDA

_____/_____
DIRECTOR OF EMPLOYMENT DATE _____/_____
DIRECTOR, COMPENSATION & BENEFITS DATE