Change in Rank/Licensure

Complete and submit this form to the Superintendent at least two (2) weeks prior to the beginning of the affected school term. Attach documentation verifying your change in rank/licensure.

Employee's Name: _____

Employee's Classification: ☐ **CERTIFIED** ☐ **CLASSIFIED**

School/Work Location: _____

Immediate Supervisor's Name: _____

My rank/licensure will change from _____

to _____,

effective for the _____ *school year. Attached is the required documentation to verify my rank/licensure change.*

TEACHERS ONLY

☐ *National Board Certification is pending. Pursuant to policy 03.121, I am providing this notice prior to September 15 in the event a rank-related increase in salary is indicated.*

_____ _____

Employee's Signature ***Date***

_____ _____

Superintendent's Signature ***Date***

NOTE: Before salary adjustments can be made, documentation verifying change in rank/licensure must be received by the Superintendent and on file at the Central Office.

Review/Revised:9/19/2002