

**LAKEWOOD PUBLIC SCHOOLS**  
**Lakewood, New Jersey**

**SALARY ADJUSTMENT APPROVAL REQUEST\***

NAME \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

SCHOOL \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_

NUMBER OF YEARS IN LAKEWOOD DISTRICT (including this year) \_\_\_\_\_

CURRENT SALARY GUIDE PLACEMENT Step: \_\_\_\_\_ Salary: \_\_\_\_\_

SALARY GUIDE PLACEMENT REQUESTED Step: \_\_\_\_\_ Salary: \_\_\_\_\_

**Policy #3419, adopted 1/25/2017**

**In order for graduate courses to be applied to the Bachelor's +15 or +30, or the Master's +15 or +30 training level on the teacher's/administrator's salary guide, said courses must be taken after the Bachelor's or Master's, respectively, has been completed.**

**CREDITS FOR WHICH APPROVAL IS REQUESTED: (PLEASE LIST COURSES INDIVIDUALLY)**

<b><u># of CREDITS</u></b>	<b><u>SCHOOL</u></b>	<b><u>COURSE #</u></b>	<b><u>COURSE TITLE</u></b>	<b><u>DATE TAKEN</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL NO. OF CREDITS \_\_\_\_\_

**\* NO ADJUSTMENT WILL BE MADE WITHOUT AN OFFICIAL TRANSCRIPT SENT FROM THE COLLEGE/UNIVERSITY DIRECTLY TO THE SUPERINTENDENT OF SCHOOLS.**

SIGNATURE: \_\_\_\_\_

Salary adjustments due to change in degree status for certificated personnel shall be made effective semi-annually on **September 1** and **February 1**.

**Please return Salary Adjustment Approval Request Form to the Superintendent's Office.**