

NOTICE OF INTENT FOR ADMINISTRATORS ONLY

TO RECEIVE ADDITIONAL PAY FOR APPROVED:

Masters **OR** Doctorate Degree:

NAME:

EMPLOYEE 6-Digit ID#:

SCHOOL:

DATE:

This form is a planning document only! Its purpose is to advise the District of your intention to apply for additional pay in the next school year for a _____ Degree.

*To be eligible for additional pay for a Master's or Doctorate Degree, this form must be **submitted to Talent Management no later than 4:30 p.m. on January 15**, for an anticipated salary increase effective the following school year.*

PLEASE Check which submission applies to you:

- I will submit an official set of transcripts with degree conferral.
- My official transcripts are attached to this form, which indicate my degree confer date.

Please place a checkmark next to your anticipated salary schedule movement:

MA MA+45 Doctorate

You are encouraged to review the Professional Growth section of the Terms & Condition document.

Employee Signature:

Date: