

SAN CARLOS SCHOOL DISTRICT

TO: Human Resources Office

RE: INTENT TO RECLASSIFY – (Due March 1st)

I plan to change from Column _____ to Column _____ on the Certificated Salary Schedule for the 20____ - 20____ school year.

I understand that I must:

- submit this form by March 1st in order to reclassify the following school year.
- ensure my courses were pre-approved through the **Approval of Courses Form**.
- complete all my courses intended to be used for this reclassification by September 1st.
- submit **official transcripts** & **Completion of Courses Form** to the H.R. Office by October 15th.

Employee Name : _____

Employee Signature: _____

Date: _____

(This information is necessary for district budgeting purposes.)