

CULVER CITY UNIFIED SCHOOL DISTRICT
REQUEST FOR SALARY CLASSIFICATION CHANGE

INSTRUCTIONS FOR SUBMITTING APPLICATION:

1. Application must be submitted to the Office of Human Resources (certificated) no later than September 1/February 1 (circle appropriate date).
2. The attached form must be filled out completely. All units listed on this form must be supported by **sealed original transcripts**. If you list units that are in progress, then transcripts to support these units must be submitted as indicated in Item 4.
3. College classes must be completed before September 1/February 1 to count for the ensuing salary change.
4. All transcripts must be in the Office of Human Resources by October 15/March 1 to count for the ensuing salary change.
5. List all courses completed since your initial placement or your last salary classification change in chronological order on the attached form. REMEMBER only complete original sealed transcripts will be accepted. **No grade cards**. Attach all information needed for review and submit to HR for date stamping. **DO NOT** list lower division courses unless a letter of approval is in your personnel file since lower division units must be approved in advance per state policy.
6. That which is needed:
 - a. Transcripts showing granting of degree (or degrees).
 - b. Supplemental transcript from each college showing additional college credit to be applied to classification change.
 - c. Out-of-state transcripts must be accompanied by a description of the course numbering system. (It is the applicant's responsibility to request this information)
7. No application can be resolved until **ALL** substantiating data is attached to this form and submitted. **IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT ALL REQUIREMENTS HAVE BEEN MET IN ORDER TO QUALIFY FOR A CLASS CHANGE.**

TO THE OFFICE OF HUMAN RESOURCES

I hereby request that my status be re-evaluated for a change in classification

From CLASS _____ to CLASS _____.

DATE _____ SIGNED _____

SITE _____ PRINT NAME _____

Request: Approved _____ **Denied** _____

By: _____
 Director of Human Resources

 Date

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List below **IN CHRONOLOGICAL ORDER** all District-approved for salary credit workshops and/or conferences you have attended since your last salary classification change. List approved number of hours of attendance of each activity as shown on the Report of Attendance form. Each 16 hours of attendance equals one unit of credit. (Ref. Certificated Contract, Article 32, Section E, No. 5.)

Title of Activity	Date of Activity	Actual Number of Hours of Attendance

Total Hours Listed _____

Signature

Date