Amboy Community Unit School District #272

APPLICATION FOR ADVANCEMENT ON THE SALARY SCALE

___Teacher
___Principal
___District
___Payroll Clerk

NAME ____ DATE ______________

I am applying for advancement **FROM** (place checkmark next to current placement)

☐ BA ☐ BA+16 ☐ MA ☐ MA+16

TO (place checkmark next to appropriate new placement

☐ **BA+16** ☐ **MA** ☐ **MA+16** ☐ **MA+32**

Teachers: Please note

* Course work must be completed prior to September 1
* An official transcript of credits must be received by October 1st before any adjustments in salary will be made.
* It is your responsibility to request transcripts and to check on their status.

PLEASE COMPLETE THIS FORM

Month/Year B.A. was granted ____________________

Month/Year M.A. was granted _____________________

List information for ALL classes being submitted for consideration of advancement.

UNIVERSITY	COURSE #	TITLE	TERM/YEAR	SEM HRS
			TOTAL HRS	

Print Form

OFFICE USE ONLY

* *

A) Carryover hours from last advancement________________

B) Current hours ___________________________________

C) Total ____

D) Hours applied ___________________________________

E) Surplus hours to be applied to next advancement _________

Approved Date ______________

Degree ____________________

Step ______________________

Salary _____________________

By _______________________

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