



**Aitkin Public Schools
Independent School District 0001
Lane Change Request Form**

NAME:

TODAY'S DATE:

I request a lane change from a current lane

- B/A/S M/A/S
 +15 +30 +45 +60

To Lane:

- B/A/S M/A/S
 +15 +30 +45 +60

In accordance with the Master Contract, Article VII-Salary Schedules, Section 4 Placement on Salary Schedule, Subd. 4 Effective Date.

- ◆ Submit application for lane change to the Superintendent.
- ◆ An official transcript of credits earned must be submitted to the Superintendent.
- ◆ When all paperwork is submitted and processed, a lane change will be reflected on the teachers' paycheck within thirty (30) days.
- ◆ All paperwork submitted by 1st of the month will qualify for the 1st of the following month lane change. Lane changes will be pro-rated accordingly based on 1st of the month.
- ◆ Lane change requests will only be approved in August and February.

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1. Did you receive prior approval from the Superintendent for courses relating to this advancement?

- Yes No

2. Official college transcript(s)

- Attached Have been requested (sending to District Office)
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Teacher Signature

Date

Superintendent Signature

Date

BOARD APPROVAL _____
DATE