

Wayland Union Schools
Request for Degree/Credit Hour Increase on Salary Schedule A

Employee Name: _____ Position: _____

Teaching Certificate: Major _____ Minor _____

** Official transcripts for all graduate work must be attached when submitting this form.*

<u>Degree</u>	<u>Year Awarded/Obtained</u>	<u>Institution</u>
B.A.	_____	_____
B.A. + 18	_____	_____

List the following information for the B.A. +18:

Planned Program: yes/no Field of Study: _____

Institutions: _____

Degree Expected & Date: _____

<u>Degree</u>	<u>Year Awarded/Obtained</u>	<u>Institution</u>
M.A.	_____	_____
M.A. +15	_____	_____
M.A. +30	_____	_____

List the following information for the M.A. +15 or M.A.+30:

Planned Program: yes/no Field of Study: _____

Institutions: _____

Degree Expected & Date: _____

I certify the above is a complete and accurate statement of programs and credits obtained.

_____ Employee Signature	_____ Date
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Approved _____ Denied _____

Effective: Start of _____ school year **OR** _____ First pay following February 1st

_____ Superintendent Signature	_____ Date
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