



FOR CERTIFIED STAFF MEMBERS ONLY

NAME: _____ BUILDING: _____

***DO YOU QUALIFY FOR A SALARY MODIFICATION DUE TO ADDITIONAL
ACADEMIC SEMESTER HOURS? (please circle one) YES NO**

If the answer to the above is “yes”, please check one:

- Original transcripts are attached to this form in a sealed envelope from the college**
- Original transcripts were sent to the Board Office from the college**

**PLEASE FORWARD THIS FORM TO HUMAN RESOURCES BEFORE SEPTEMBER
15th. ALL TRANSCRIPTS MUST BE RECEIVED IN OUR OFFICE BY SEPTEMBER
15th. IN ORDER TO BE INCLUDED ON THE OCTOBER BOARD AGENDA.**

Signature of Staff Member

Date