

ROCK RIDGE PUBLIC SCHOOLS
411 SOUTH 5TH AVENUE
VIRGINIA MN 55792

REQUEST FOR A LANE CHANGE ON SALARY SCHEDULE FORM

Please complete Sections I, II if it applies, III if it applies, and IV. Please remember to attach the **Official Transcripts**. Requests for lane changes will not be approved without **Official Transcripts**. Form and Official Transcript should be submitted to the Superintendent's Office for board approval.

I. Name of Teacher: _____
Date of Request: _____
Current Lane Assigned on the Salary Schedule: _____
Lane Requesting to be Assigned to: _____

II. New Degree Attained - Check One: Master's Sixth Year Education Specialist Ph.D.
Name of College or University Which Granted the Above Degree: _____

Date Degree was Granted: _____
Field of Study: _____
Was this program pre-approved? Check One: Yes No

III. Graduate Credits you are Requesting to Apply towards a Lane Change:					Semester
Course	Course	Course	Name of College	Grade	Credits
Description	Date(s)	Number	or University	Earned	Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. ADDITIONAL GRADUATE CREDITS:
Did Rock Ridge Public Schools pay any expenses for any of the above courses or credits?
Check One: Yes No
Was any time assigned as part of your work day missed in order to participate in any of the above courses? Check One: Yes No

(Signature of Superintendent) (Date of Superintendent's Signature)

Request Approved Request Denied Revised Lane _____