

**Article V – Compensation
MOVE UP ON PAY SCALE FORM**

TO: RULH Superintendent and Treasurer

DATE OF REQUEST _____

EMPLOYEE NAME _____

ASSIGNED TO _____

Building

Position

I certify that I have completed the necessary requirements to be placed on the next salary column and have attached transcripts as evidence.

Current

Proposed

(mark current scale with an X and proposed scale with an X)

BA	_____	150	_____
150	_____	MA	_____
MA	_____	MA+18	_____
MA+18	_____	MA+30	_____

Employee signature _____

NOTE: All requests should be submitted no later than September 30th of the current year.

(For Office Use Only)

Transcripts received and degree/hours verified _____
Date Degree Approved by

Approved for placement _____
Superintendent Date

Placement completed _____
Treasurer Date