

**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+15 _____
MA+15 _____	MA+30 _____

**Employee signature** \_\_\_\_\_

**NOTE: All requests should be submitted no later than September 15th of the current year.  
(ORC 5126.24)**

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**(For Office Use Only)**

Transcripts received and degree/hours verified \_\_\_\_\_  
Date                  Degree                  Verified by

Approved for placement \_\_\_\_\_  
Superintendent                                  Date

Placement completed \_\_\_\_\_  
Treasurer    Date