



LANE CHANGE REQUEST

INSTRUCTIONS:

- Please complete all areas as requested below. All courses must have been previously approved.
- **Attach official transcripts as verification of completion.**
- No credits more than seven-years old will count toward the lane change.
- Lane changes on the salary schedule will be limited to twice a year on September 1st and March 1st.
- The payroll changes will be based on the number of days remaining in the school year from the date of the lane change submission to the district office.

NAME: _____ BUILDING: _____

SUBJECT(S) NOW TEACHING: _____ DATE: _____

CURRENT LANE: _____ AND STEP: _____ CURRENT SALARY: _____

NAME OF COLLEGE/UNIVERSITY OFFERING COURSE:

COURSE NO.	COURSE TITLE	GRADE	QUARTER OR SESSION	SEMESTER HOURS

Signed: _____ Date: _____
(Licensed Staff)

To be completed by District Office

Lane Change is: ☐ APPROVED ☐ NOT APPROVED

Comments: _____

SIGNED: _____ DATE: _____
Superintendent

Total Credits: _____

Qualifies for a lane change from _____ to _____

Effective Date: _____