

Salary Schedule Advancement Form

Name: _____

Date: _____

School: _____

This form is to be completed for salary advancement as per the salary schedule. All original and official transcripts from an accredited college or university documenting the change must be attached to this form. If transcripts must be ordered digitally, official digital transcripts from the college or university must be emailed directly to Joyce Hekkala @ jhekkala@littletonps.org

Please check the appropriate step that you are advancing to:

Masters Degree	_____
Masters Plus 15	_____
Masters Plus 30	_____
Masters Plus 45	_____
Masters Plus 60	_____
PhD/EdD	_____

The following information needs to be completed to process your advancement form. Incomplete forms will be returned.

School	Course	Course Dates (To/From)	Credits	Grade

Applicant: _____

Signature

Date: _____

Reviewed By: _____

Director of Teaching and Learning

Date: _____

Approved By: _____

Superintendent

Date: _____

Effective Date: _____

Payroll Department Use Only			
Old Step		Old Salary	
New Step		New Salary	
Pay Periods		Other	