

# REQUEST FOR CHANGE OF LANE

\_\_\_\_\_ Date

Name \_\_\_\_\_  
 School \_\_\_\_\_  
 Present Lane \_\_\_\_\_  
 New Lane \_\_\_\_\_

Present Step \_\_\_\_\_

## COURSES LEADING TO CHANGE OF LANE

UNIVERSITY	COURSE NUMBER & NAME	SEM. HRS.	DATE COMPLETED	GRADE	TRANSCRIPT

\_\_\_\_\_ Signature

Proof of entitlement shall consist of an official transcript (not a copy) from an accredited University or College signifying satisfactory completion of academic requirements for salary adjustment.

Satisfactory proof of entitlement for such change shall be submitted at least fifteen days before the beginning of a semester.

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE RECEIVED _____ DATE APPROVED/DENIED _____ by: _____
COMMENTS:	Effective Date:    Aug/Sept _____ February _____
H:\DC\FORMS\CHANGE OF LANE FORM 2	