



BALDWIN-WHITEHALL SCHOOL DISTRICT

**REQUEST FOR LATERAL MOVEMENT
ON THE SALARY SCHEDULE**

****Required****

****Prior to the first official day of work for the school year, you must complete and submit this *Request For Lateral Movement on the Salary Schedule* form to the Superintendent's office.****

Refer to Article X—Professional Compensation, Sections D. and E.

NAME (print) _____ DATE _____

CURRENT DEGREE _____ SCHOOL _____

**I request a lateral movement for the _____ Salary Schedule as follows:
(School Term)**

Lateral Movement to (check appropriate box):

- | | | | |
|-----------------------------|--------------------------|---------------------|--------------------------|
| Bachelor's +15 | <input type="checkbox"/> | Master's +30 | <input type="checkbox"/> |
| Master's Degree | <input type="checkbox"/> | Master's +45 | <input type="checkbox"/> |
| Master's Equivalency | <input type="checkbox"/> | Doctorate | <input type="checkbox"/> |
| Master's +15 | <input type="checkbox"/> | | |

Check One:

- I have attached all required supporting documentation to this form.**
- I shall submit all required supporting documentation to the Superintendent's Office on or before November 30 of this lateral movement school term.**

Employee's Signature: _____

OFFICE USE ONLY

Date Request Received by Superintendent's Office: _____

Date Approved/Supporting Documents: _____ Superintendent's Initials: _____

Date Received by Business Manager: _____ Business Manager's Initials: _____

Date of Lateral Movement Adjustment: _____

Date of Verification Sent to Teacher: _____

Business Office: Return a completed copy to Human Resources