

**APPLICATION FOR
ACADEMIC SALARY LANE (ASL) CHANGE**

SECTION 1 – EMPLOYEE DATA **SUBMISSION DATE:** _____

Name of Employee: _____

Social Security Number: _____ - _____ - _____

Current School Assigned: _____

**SECTION 2 – REQUEST FOR ACADEMIC SALARY LANE CHANGE BASED
UPON COMPLETION OF NEXT HIGHER DEGREE OR SEMESTER HOURS
(SH)**

(CHECK ONE):

___ Bachelor's Degree plus 15 SH of graduate credit completed on _____
(MM/DD/YYYY)

___ Bachelor's Degree plus 30 SH of graduate credit completed on _____
(MM/DD/YYYY)

___ Master's Degree awarded on _____
(MM/DD/YYYY)

___ Master's Degree plus 15 SH of graduate credit completed on _____
(MM/DD/YYYY)

___ Master's Degree plus 30 SH of graduate credit completed on _____
(MM/DD/YYYY)

___ Education Specialist (EDS)/Juris Doctor (JD) endorsement awarded on _____
(MM/DD/YYYY)

___ Doctorate Degree awarded on _____
(MM/DD/YYYY)

FILING DATE: _____
(School Office Date Stamp and Initials)

FOR OFFICIAL USE ONLY			
___ Approved	___ Returned Without Action	Changed from	___ to ___
Completion Date	_____	Effective Date of Action	_____
Instructional Program	_____	Year of Latest Degree	_____
Total Credit Hours	_____	HR Specialist/Date:	_____

