



DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
PERSONNEL CENTER
4040 NORTH FAIRFAX DRIVE
ARLINGTON, VIRGINIA 22203-1634

Staffing SOP 97-002
October 30, 1997

STAFFING STANDARD OPERATING PROCEDURE (SOP)

SUBJECT: Processing Administrative Salary Lane Changes -- OFT Educators

References:

- a. DoD Directive 1400.13, "Salaries and Personnel Practices Applicable to Teachers and Other Employees of the DoD Overseas Dependents' Schools System, July 8, 1976, as amended.
- b. Negotiated Agreement Between Department of Defense Dependents Schools and Overseas Education Association, September 1989.
- c. DoDDS 032145Z Oct 85 message, Subject: Change in Pay-Setting Practices Upon Completion of Higher Education, DoD Directive 1400.13.
- d. 31 U.S.C. Sec. 3702, Authority of the Comptroller General to settle claims, January 16, 1996.

1. Purpose: To establish a standard procedure for reviewing and processing Academic Salary Lane (ASL) changes for OFT educators.

2. Applicability: This procedure is applicable to all Staffing Section employees responsible for processing ASL changes for OFT educators.

3. Procedures:

a. Upon receipt of a request for an administrative salary lane (ASL) change (also referred to as a paylane change), the responsible staffing specialist will review the package and ensure the following items have been included:

- (1) SF-52, Request for Personnel Action.
- (2) Completed Request Form For Academic Salary Lane Change (A blank form is found at Attachment 1.)
- (3) Official or certified copies of ALL transcripts. (Each transcript must be "Certified To Be A True Copy" and signed by the Principal/AP.) Fronts *and* backs of all transcripts are required.
- (4) Completion date (month, day, year) of the last course required for eligibility for the ASL.

b. If the items identified in 3.a. have not been provided, the staffing specialist will send a letter to the educator (with a courtesy copy provided to the school principal), informing the educator of the needed items and providing a suspense date. A sample letter is found at Attachment 2. If the items are not received by the suspense date, the package will be returned to the educator via the school.

c. If all items identified in 3.a. have been provided, the staffing specialist will request the educator's official personnel file (OPF) from the file room and begin reviewing the ASL package, as follows:

(1) If the request is for advancement to BA+30 or MA+30, the staffing specialist will review the OPF to determine whether courses previously credited for the BA+15 or MA+15 were appropriately credited. If the staffing specialist determines the BA+15 or MA+15 was granted in error, the error will NOT be corrected, but the staffing specialist will notify the educator of the previous error, indicate the number of credits that were appropriately credited toward the BA+15 or MA+15, and inform the educator of the number of credits now needed before the BA+30 or MA+30 may be granted.

(2) The staffing specialist will confirm that all course work is from an accredited university (a list of regional accreditation agencies is found at Attachment 3), all quarter hours have been converted to the proper equivalent in semester hours, all course work is graduate level (this may involve calling the Records Dept. at the applicable college/university for confirmation - be sure to annotate the name of the individual called and the date of the call on the transcript), and all course work was earned subsequent to the date of the bachelor's degree (for the BA+15 and BA+30) or the first master's degree (for the MA+15 and MA+30).

(3) When the staffing specialist is satisfied that all criteria have been met for ASL advancement, the SF-52, Request for Personnel Action, will be completed and forwarded with all necessary documentation to the appropriate PPMT. A sample of a completed SF-52 is found at Attachment 4. Effective date of the ASL will be as of the first day of the first pay period following the date the education was completed or the degree granted.

(4) For any ASL request submitted more than six years following completion of the required credit hours, retroactive pay is subject to the six year statute of limitations in accordance with 31 USC Section 3702 (b)(1). In these cases, the completed SF-52 should bear the appropriate remark code.



Edward C. Banka
Chief, Staffing Section

Attachments:
as stated

**CHECKLIST OF ITEMS TO BE FAXED (OR MAILED)
TO PERSONNEL CENTER (PC)
BEFORE ACADEMIC SALARY LANE (ASL) CHANGE
CAN BE PROCESSED**

NAME OF EMPLOYEE _____

SSN _____

SCHOOL _____

SF-52 # _____

COMPLETION DATE OF LAST COURSE _____ (MONTH/DAY/YEAR)

ASL PACKAGE: Faxed on _____ by _____
(date) (name)

_____ **TRANSCRIPTS (EACH MUST BE "CERTIFIED TO BE A TRUE COPY" & SIGNED BY
PRINCIPAL/AP). FRONTS AND BACKS OF TRANSCRIPTS REQUIRED.**

TRANSCRIPTS ARE ATTACHED FROM THE FOLLOWING COLLEGES/UNIVERSITIES.

_____ UNIVERSITY: _____

_____ COMPLETED REQUEST FORM FOR ACADEMIC SALARY LANE CHANGE

_____ SF52, REQUEST FOR PERSONNEL ACTION

(NOTE: PLEASE KEEP A COPY OF THIS PACKAGE FOR YOUR RECORDS)

REQUEST FOR ACADEMIC SALARY LANE CHANGE (ASL)

NAME: _____

SCHOOL: _____

REQUEST FOR ACADEMIC SALARY LANE CHANGE UPON COMPLETION OF (CHECK ONE):

____ Bachelor's Degree plus 15 Semester Hours (SH) of graduate credit, completed on _____
(month, day, year)

____ Bachelor's Degree plus 30 SH of graduate credit, completed on _____
(month, day, year)

____ Master's Degree, completed on _____
(month, day, year)

____ Master's Degree plus 15 SH of graduate credit, completed on _____
(month, day, year)

____ Master's Degree plus 30 SH of graduate credit, completed on _____
(month, day, year)

____ Doctorate Degree, completed on _____
(month, day, year)

UNDERSTANDING REGARDING ASL ADJUSTMENT:

1. I understand that only graduate semester hours earned at a regionally accredited university/college subsequent to the date of my bachelor's degree or my first master's degree are acceptable.
2. I understand that the only credits acceptable for ASL purposes are those that may improve my teaching ability in the position I currently hold or that may provide advancement to another position within the system or which are in a discipline generally recognized as educationally oriented in content.
3. I understand that an incomplete ASL package will not receive consideration and that it will be returned without action. I am responsible for submitting official transcripts or certified copies (certified by my principal or AP) of the fronts and backs of all transcripts counting toward my ASL.

(Signature)

(Date)

If you are requesting an ASL change based upon receipt of your master's degree, all you need do is submit the official or certified transcript documenting the granting of your degree. Otherwise, PLEASE IDENTIFY THE GRADUATE COURSE WORK YOU HAVE COMPLETED FOR YOUR BA/MA plus 15/30 ASL BY FILLING OUT THE CHART ON THE NEXT PAGE. THANK YOU.

CREDIT HOUR CONVERSION TABLE

CONVERSION OF QUARTER HOURS TO SEMESTER HOURS

Quarter Hours	Semester Hours	Quarter Hours	Semester Hours
1	$\frac{2}{3}$	25	$16 \frac{2}{3}$
2	$1 \frac{1}{3}$	26	$17 \frac{1}{3}$
3	2	27	18
4	$2 \frac{2}{3}$	28	$18 \frac{2}{3}$
5	$3 \frac{1}{3}$	29	$19 \frac{1}{3}$
6	4	30	20
7	$4 \frac{2}{3}$	31	$20 \frac{2}{3}$
8	$5 \frac{1}{3}$	32	$21 \frac{1}{3}$
9	6	33	22
10	$6 \frac{2}{3}$	34	$22 \frac{2}{3}$
11	$7 \frac{1}{3}$	35	$23 \frac{1}{3}$
12	8	36	24
13	$8 \frac{2}{3}$	37	$24 \frac{2}{3}$
14	$9 \frac{1}{3}$	38	$25 \frac{1}{3}$
15	10	39	26
16	$10 \frac{2}{3}$	40	$26 \frac{2}{3}$
17	$11 \frac{1}{3}$	41	$27 \frac{1}{3}$
18	12	42	28
19	$12 \frac{2}{3}$	43	$28 \frac{2}{3}$
20	$13 \frac{1}{3}$	44	$29 \frac{1}{3}$
21	14	45	30
22	$14 \frac{2}{3}$	46	$30 \frac{2}{3}$
23	$15 \frac{1}{3}$	47	$31 \frac{1}{3}$
24	16	48	32

17 October 1997

Mr. John Doe
Curundu MS
APO AA 34002

Dear Mr. Doe,

1. Your request for an Academic Salary Lane (ASL, also called "pay lane") change to _____ (BA+30, etc) dated _____ has been received and evaluated. Your application for ASL change is incomplete and/or has been completed incorrectly. A copy of your initial request, with our comments, is attached to aid you in correcting the problem areas.

2. A new application form for ASL change is attached to assist you in properly completing your request. My review of your ASL request indicates you need to provide the following:

_____ SF-52, Request for Personnel Action. This is prepared by your school and submitted with your package.

_____ Completion date (month, day, year) of the last course required for your ASL.

_____ Official Transcripts or certified copies (certified by the principal or asst principal) of transcripts from ALL colleges/universities. Fronts AND backs of ALL transcripts used to support your ASL request MUST be submitted. We do not pull personnel or certification files to process your request.

_____ Your request included grade reports. We must have official transcripts or certified copies (certified by the principal or asst principal) which include the fronts AND backs of the transcripts.

_____ Your request included undergraduate hours or other non-graduate level credit hours (e.g., professional hours). These are not creditable toward your ASL change without a letter (on letterhead stationary) from a college/university stating that these credit hours have been, or would be, accepted as graduate level coursework at that university.

_____ Your request included hours earned from a foreign or other non-regionally accredited university/college. These are not creditable toward your ASL change.

_____ Your request included quarter hours that were not converted to semester hours. Our computations indicate you need _____ SH to qualify for the requested ASL change.

_____ You were granted your BA+15/MA+15 when you only had _____ SH. You must submit proof of an additional _____ SH graduate course work before your BA+30/MA+30 can be processed.

3. If the information requested above is not sent to the attention of the individual identified below within 30 days of the date of this letter, your application will be returned to you.

4. You may fax your completed package to me at (703) 696-2699, or, if you have any questions, you may contact me via cc:Mail.

Sincerely,

Your Name Here
Personnel Staffing Specialist
Recruitment Unit

Enclosures:
as stated

ATTACHMENT 3

The six regional institutional accrediting associations recognized by the Secretary, US Dept of Education, are as follows:

- Middle States Association of Colleges and Schools
- New England Association of Colleges and Schools
- North Central Association of Colleges and Schools
- Northwest Association of Colleges and Schools
- Southern Association of Colleges and Schools
- Western Association of Colleges and Schools

Foreign degrees and course work from non-accredited institutions must be evaluated prior to acceptance. The three acceptable procedures for this are as follows:

- (1) the work is evaluated and interpreted by the International Education Research Foundation, Inc., Credential Evaluation Service, Post Office Box 66940, Los Angeles, CA 90066;
- (2) the foreign institution which awarded the degree is on a list endorsed by a regionally accredited university or on a list endorsed by a state department of education for the purpose of teacher certification in that state. This procedure will require an English translation of the transcript and a copy of the document awarding the degree, together with an authenticated list produced by an American university or a state department of education;
- (3) the work is evaluated by the graduate division of a regionally accredited university and declared the equivalent of similar graduate work in a U.S. institution.

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)

1. Actions Requested PAYLANE CHANGE	2. Request Number 1282-98-9999
3. For Additional Information Call (Name and Telephone Number) SECRETARY	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) PRINCIPAL	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) PRINCIPAL OR SUPERINTENDENT

PART B - For Preparation of SF 50. (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) DOE, JOHN E.	2. Social Security Number 123-45-6789	3. Date of Birth 01-01-67	4. Effective Date 01-22-95
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First Action		Second Action	
5-A. Code	5-B. Nature of Action	6-A. Code	6-B. Nature of Action
894	PAY ADJUSTMENT		
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
ZLM	DOD DIRECTIVE 1400.13 DATED 8 JUL 76		
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number 0230 TEACHER, SCIENCE (MIDDLE)	15. TO: Position Title and Number 0230 TEACHER, SCIENCE (MIDDLE)
--------------------------------------------------------------------------	-------------------------------------------------------------------------

8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or rate	20. Total Salary/Award	21. Pay Basis
TP	1701	CC	04	\$28,725.00	SY	TP	1701	CL	04	\$29,780.00	SY
12A. Basic Pay		12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay		20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay		

14. Name and Location of Position's Organization DODDS PANAMA DISTRICT CURUNDU MS	22. Name and Location of Position's Organization DODDS PANAMA DISTRICT CURUNDU MS
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Employee Data

23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5 Point <input type="checkbox"/> 3 - 10 Point/Disability <input type="checkbox"/> 4 - 10 Point/Compensable <input type="checkbox"/> 5 - 10 Point/Other <input type="checkbox"/> 6 - 10 Point/Compensable/30%	24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use <input type="checkbox"/>	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <input type="checkbox"/>		28. Annuitant Indicator <input type="checkbox"/>	
30. Retirement Plan <input type="checkbox"/>		31. Service Comp. Date (Leave) <input type="checkbox"/>	
32. Work Schedule <input type="checkbox"/>		33. Part-Time Hours Per Biweekly Pay Period <input type="checkbox"/>	

Position Data

34. Position Occupied <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt	36. Appropriation Code	37. Bargaining Unit Status
38. Duty Station Code		39. Duty Station (City - County - State or Overseas Location)	

40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input type="checkbox"/> 1 - USA <input type="checkbox"/> 8 - Other
		50. Veterans Status	51. Supervisory Status	

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A. Staffing		10-26-97	D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
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PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to

regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reason for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	3. Date Signed	4. Forwarding Address (Number, Street, City, State, ZIP Code)
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PART F - Remarks for SF 50

8FG7 COMPLETED 01-17-95

LOCAL REMARKS FOR PAY ADJUSTMENTS

- 8FG6 (FOR PAY ADJUSTMENT DUE TO COMPLETION OF BA+15)
- 8FG7 (FOR PAY ADJUSTMENT DUE TO COMPLETION OF BA+30)
- 8FG8 (FOR PAY ADJUSTMENT DUE TO COMPLETION OF MASTER'S DEGREE)
- 8FG9 (FOR PAY ADJUSTMENT DUE TO COMPLETION OF MA+15)
- 8FH1 (FOR PAY ADJUSTMENT DUE TO COMPLETION OF MA+30)
- 8FH2 (FOR PAY ADJUSTMENT DUE TO COMPLETION OF DOCTOR'S DEGREE)

AND

- 8FG1 (RETROACTIVE PAY AS A RESULT OF AN ACADEMIC SALARY LANE CHANGE (ASL) IS)
- 8FG2 (SUBJECT TO THE SIX YEAR STATUTE OF LIMITATIONS IN ACCORDANCE WITH)
- 8FG3 (TITLE 31 SEC 3702 (B) OF THE UNITED STATES CODE)

1994	1995	1996	1997	1998	1999
12-26-93	12-25-94	12-24-95	12-22-96	12-21-97	12-20-98
01-09-94	01-08-95	01-07-96	01-05-97	01-04-98	01-03-99
01-23-94	01-22-95	01-21-96	01-19-97	01-18-98	01-17-99
02-06-94	02-05-95	02-04-96	02-02-97	02-01-98	01-31-99
02-20-94	02-19-95	02-18-96	02-16-97	02-15-98	02-14-99
03-06-94	03-05-95	03-03-96	03-02-97	03-01-98	02-28-99
03-20-94	03-19-95	03-17-96	03-16-97	03-15-98	03-14-99
04-03-94	04-02-95	03-31-96	03-30-97	03-29-98	03-28-99
04-17-94	04-16-95	04-14-96	04-13-97	04-12-98	04-11-99
05-01-94	04-30-95	04-28-96	04-27-97	04-26-98	04-25-99
05-15-94	05-14-95	05-12-96	05-11-97	05-10-98	05-09-99
05-29-94	05-28-95	05-26-96	05-25-97	05-24-98	05-23-99
06-12-94	06-11-95	06-09-96	06-08-97	06-07-98	06-06-99
06-26-94	06-25-95	06-23-96	06-22-97	06-21-98	06-20-99
07-10-94	07-09-95	07-07-96	07-06-97	07-05-98	07-04-99
07-24-94	07-23-95	07-21-96	07-20-97	07-19-98	07-18-99
08-07-94	08-06-95	08-04-96	08-03-97	08-02-98	08-01-99
08-21-94	08-20-95	08-18-96	08-17-97	08-16-98	08-15-99
09-04-94	09-03-95	09-01-96	08-31-97	08-30-98	08-29-99
09-18-94	09-17-95	09-15-96	09-14-97	09-13-98	09-12-99
10-02-94	10-01-95	09-29-96	09-28-97	09-27-98	09-26-99
10-16-94	10-15-95	10-13-96	10-12-97	10-11-98	10-10-99
10-30-94	10-29-95	10-27-96	10-26-97	10-25-98	10-24-99
11-13-94	11-12-95	11-10-96	11-09-97	11-08-98	11-07-99
11-27-94	11-26-95	11-24-96	11-23-97	11-22-98	11-21-99
12-11-94	12-10-95	12-08-96	12-07-97	12-06-98	12-05-99

ADMINISTRATIVE SALARY LANE (ASL) CHANGES -- Frequently Asked Questions

The Personnel Center has received a number of inquiries regarding academic salary lane (ASL) changes (also known as pay lane changes) for educators. The most frequently asked questions are listed below with answers so that a better understanding of the program and its criteria can be achieved. We hope this information will be helpful for educators in deciding what courses to take, in maintaining records, and in submitting ASL changes. ASL changes are governed by DoD Directive 1400.13, Part IV and addressed in Article 25 of the Negotiated Agreement. These documents and subsequent Memorandums of Understanding should be available at each school.

Q: What forms need to be submitted for an ASL change?

A: Submit an SF52, official or certified copies (certified by the principal or assistant principal) of transcripts to document that courses taken meet the requirements of the DOD Directive, the transcript legends (normally on the back of the transcript), and include a completed ASL worksheet (form at Attachment 1) which lists course work that is to be credited, the college/university from which taken, the semester hours, and the completion date.

Q: Where should I send my ASL change request? Who is the POC for ASL changes?

A: Send your ASL requests to the Professional Educator Rating and Certification Unit (PERCU). As of 1 November 1997, any ASL requests received will be handled by staffing specialists in the PERCU. ASL requests received prior to 1 November 1997 will continue to be worked by the staffing specialist for your district.

Q: Can a course that is accepted for certification purposes also be accepted for an ASL change?

A: Not necessarily! The regulations governing the certification program are entirely different from those which govern ASL changes. For instance, courses creditable for certification may include "continuing education" or "professional development" courses. Sometimes these are post-baccalaureate courses, but they are not considered to be "graduate" level by the school (as stated on the official transcript). We recommend that each educator determine, BEFORE registering for a class, that a course is graduate level. We at the Personnel Center do not make this decision. Educational institutions do this. If the official transcript does not specifically identify a course as creditable at the graduate level, it is the educator's responsibility to secure documentation from the university certifying that the course carries graduate level credit.

Q: I took some professional credit courses (600 level) and have a letter from the university stating that these courses are "universally accepted by school districts from California and neighboring states for advancement on salary schedules and for recertification." Is this sufficient documentation for my ASL request?

A: No. The problem remains that the statement still doesn't clarify that the courses are considered graduate-level coursework. Many states accept post-baccalaureate coursework for salary schedule advancement, regardless of whether it is undergraduate or graduate level. If professional coursework is transferred to a "regular" university, and that university accepts such coursework (600 level) as graduate level, then we will, too. Also, if another university indicates (on letterhead stationary) that they will credit the professional coursework as graduate-level coursework, then we will accept that as appropriate documentation.

Q: What accreditation agencies does DODEA recognize for ASL purposes?

A: We accept course work from universities that are accredited by one of the six regional institutional accrediting associations recognized by the Secretary, US Dept of Education. These are as follows:

- Middle States Association of Colleges and Schools
- New England Association of Colleges and Schools
- North Central Association of Colleges and Schools
- Northwest Association of Colleges and Schools
- Southern Association of Colleges and Schools
- Western Association of Colleges and Schools

Foreign degrees and course work from non-accredited institutions must be evaluated prior to acceptance. The three acceptable procedures for this are as follows:

- (1) the work is evaluated and interpreted by the International Education Research Foundation, Inc., Credential Evaluation Service, Post Office Box 66940, Los Angeles, CA 90066;
- (2) the foreign institution which awarded the degree is on a list endorsed by a regionally accredited university or on a list endorsed by a state department of education for the purpose of teacher certification in that state. This procedure will require an English translation of the transcript and a copy of the document awarding the degree, together with an authenticated list produced by an American university or a state department of education;
- (3) the work is evaluated by the graduate division of a regionally accredited university and declared the equivalent of similar graduate work in a U.S. institution.

Q: Does the DODEA Personnel Center accept grade reports as documentation of course completion?

A: No! We must have an official transcript (original), or a certified true copy (certified by the principal or assistant principal). Grade reports are not considered official documents. Again, the educator is responsible for including this with any ASL change request. Also, please make sure that the transcript legend (sometimes on the reverse side of the transcript) is forwarded.

Q: When an educator requests a change to the BA+30 or MA+30 ASL, does the Personnel Center just add on to the BA+15 or MA+15 level, or does DoDEA review all graduate course work?

A: We review ALL course work to make sure it is from an accredited school and is graduate level. We have found that some previously earned ASLs were awarded erroneously. We will NOT change those actions. However, if a course was mistakenly credited, and an educator is found to not meet the BA+30 or MA+30 requirements, the ASL change will not be processed.

Q: When are ASL changes effective?

A: They are effective the first day of the first pay period following the date the education was completed or the degree granted. Actions can be effected retroactively. We recommend that requests be submitted as soon as possible after completion of the last course. Delaying submission only results in numerous corrections and increases the possibility of pay errors. Please remember that 31 U.S.C. 3702 (b)(1) limits backpay recovery to a six-year period.

Q: *Why does it take so long for ASL changes to be processed?*

A: A properly submitted request for an ASL change can be processed quickly. Unfortunately, we receive many, many incomplete requests. For instance, grade reports are attached rather than transcripts; transcript legends indicate a course can be “upper level or graduate level,” so we must call the school to clarify the level of the course (and sometimes it is very difficult getting clarification from a school), or we must contact the educator to obtain a completion date (month, day, year); courses that are credited as quarter hours are submitted as semester hours, etc. Often, the educator does not attach the requisite documentation, but asks a school to fax or send material to us, and we do not get it. Just because material is sent does not mean it is received! Also, once we start gearing up for the upcoming school year, we must make staffing the schools our priority, so it is generally not possible to process ASL changes from May through September.

Q: *How are educators informed of the status of their ASL change request?*

A: For the time being, ASL change requests are entered into the SF 52 Tracking System (INQTRK) when they are received. When ASLs are approved and forwarded for processing, that information is also entered into the Tracking System. The school where the educator is assigned receives an update whenever new information is entered by Personnel Center staff. If more documentation is needed, or if the action cannot be processed as is, that information is conveyed via a letter or cc:mail directly to the educator.

Q: *What is the role of school principals and the DSO in approving ASL changes?*

A: Each ASL request must be requested by the educator through his/her principal. The principal can also certify that a transcript is a true certified copy (again, make sure the legend is included in the documentation forwarded to us). The DSO determines which SF52s must be routed through its office.