

APPLICATION FOR ACADEMIC SALARY LANE CHANGE (ASL)

Complete this application, attach your official transcripts, and forward to your Administrator.

1. NAME _____
Last First Middle

2. ADDRESS _____
Street

City State Zip Code

3. TELEPHONE _____ 4. SSN _____

5. SCHOOL/DISTRICT _____

6. POSITION _____

7. Please advance my Salary Lane to (check one below):

____ Bachelor's Degree + 15 semester hours

____ Bachelor's Degree + 30 semester hours

____ Master's Degree

____ Master's Degree + 15 semester hours

____ Master's Degree + 30 semester hours

____ Educational Specialist Degree (EDS)

____ Doctorate Degree

8. Official transcripts bearing the seal and signature of the registrar must be submitted in support of this application. Ensure that official transcript indicates the exact date coursework was completed. If exact date is not indicated on transcripts, attach official documentation from the college/university indicating the exact date that course work was completed. An Administrator must certify that transcripts are a true copy, sign and date the transcripts. Check the appropriate space below:

____ Official transcripts are attached from : _____

[Name(s) of college or university]

APPLICATION FOR ACADEMIC SALARY LANE CHANGE (ASL)

Reference: Master Labor Agreement between FEA-SR and DDESS.

Article 20, Section 3.d (3).

"Pay lane changes will be retroactive for pay purposes to the beginning of the pay period following award of the degree or completion of coursework, provided the employee submits the request for pay lane change within one-hundred and twenty (120) days of award of the degree or completion of the coursework. If the employee does not submit the request for pay lane change and supporting transcript(s) within the time period, the pay lane change shall be effective at the beginning of the pay period following submission."

In accordance with Memorandum of Understanding signed June 2, 2006, Reference Article 20, Section 3.d. of the Master Labor Agreement between FEA-SR and DDESS

9. _____
Employee Signature

Date

FOR ADMINISTRATOR USE ONLY:

- Complete – (As stated in Item 8 above)
- o Attach supporting documents (ASL application package to include front and back of all certified transcripts, etc.) to RPA. Forward RPA to appropriate DDESS HR Customer Service Branch (CSB) Routing box in MODERN for final review and processing.
- Incomplete – Reason returned to employee:

_____.

(Note: IAW MLA as stated above, the application package must be complete - to include required supporting transcripts. Therefore, administrators should not certify/sign above if the ASL package is incomplete.)

10. _____
Administrator

Date

Please retain a copy for your records.

APPLICATION FOR ACADEMIC SALARY LANE CHANGE (ASL)

Reasons for Return:

- Incomplete – Returned for correction.**
 - o HR Specialist returned package to the school secretary:
Date _____ Signature _____

- Incomplete packet (for example, missing signatures, no application attached, missing transcripts, no salary lane specified).
- Missing supporting documentation to establish the date on which course hours were completed.
- Other _____

- o School secretary received returned incomplete package:
Date _____ Signature _____

Packet Resubmitted:

- o Employee resubmitted package to school secretary:
Date _____ Signature _____

- o School secretary sent resubmitted package to the appropriate DDESS HR CSB:
Date _____ Signature _____

11. DDESS Area Service Center will verify that the employee met all the criteria for pay lane advancement and has the appropriate number of course work hours. DDESS ASC will proceed accordingly with processing the application.

Verified by DDESS ASC Human Resources Specialist

Date

Date Coursework completed: _____

Effective Date of ASL Change: _____