

REQUEST FOR ADJUSTMENT ON THE SALARY GUIDE

Date: _____

Name: _____
(please print)

Position: _____

School: _____

It is anticipated that I will attain the following status on the guide, effective: _____
(date)

BA+30

MA

MA+30

Name of College/University: _____

Address: _____

Program of Study: _____

_____ Number of Graduate Credits obtained

Official transcript requested

Note: Only graduate credits from a college/university that is fully accredited by the U.S./N.J. Department of Education will be accepted.

FOR CENTRAL OFFICE USE ONLY

Transcripts should be sent to:

James P. Doran, Ed.D.
Director of Personnel/Human Resources/
Compliance and Crisis Management
Harrison School District
501 Hamilton Street
Harrison, NJ 07029

Received the “**Request for Adjustment on the Salary Guide**” from staff member on:

Date: _____

Approval: _____

James P. Doran, Ed.D.
Director of Personnel/Human Resources/
Compliance and Crisis Management