

APPLICATION FOR ACADEMIC SALARY LANE CHANGE (ASL)

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

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. 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

10. _____
Site Liaison

Date

Please retain a copy for your records.

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- Complete – Forward to DDESS Area Service Center for processing.

Reasons for Return:

- Incomplete – Returned to employee for correction.**
- o Date/Signature Site Liaison/ASC Specialist returned package to employee:
Date _____ Signature _____
 - o Date/Signature employee received returned incomplete package:
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 _____

Completed Packet Returned to District/ASC for Processing/Final Action:

- o Date/Signature **employee returned completed package** to Site Liaison/ASC Specialist:
Date _____ Signature _____
- o Date/Signature **Site Liaison/ASC Specialist received completed package**:
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: _____