



SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS

TO: Superintendent Cook

RE: Salary Schedule Placement Request

DATE:

In accordance with the Negotiated Agreement, I would like to be considered for an adjustment in salary due to additional training.

I am requesting that my additional training and salary notice be reviewed and the proper adjustment made. Documentation evidencing my additional training in support of this request is attached hereto.

I am aware that a request for salary adjustment, not to exceed one (1) adjustment per year, must be submitted by either **September 15th** or **January 15th** of any given school year.

Printed Name: _____

Staff Signature: _____

Date: _____

PRESENT Degree & Experience Status: _____

REQUESTED Degree & Experience Status: _____