

**NOTIFICATION OF INTENT TO OBTAIN UNITS  
TOWARD SALARY RECLASSIFICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Course Description**

(Please attach copy of catalog listing and description, workshop or conference, units to be earned)

Comments on Benefits: \_\_\_\_\_  
\_\_\_\_\_

COLLEGE/ \_\_\_\_\_ UPPER DIVISION \_\_\_\_\_ CONFERENCE \_\_\_\_\_  
UNIVERSITY \_\_\_\_\_ LOWER DIVISION \_\_\_\_\_ WORKSHOP \_\_\_\_\_

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TOTAL UNITS TO DATE ABOVE BA \_\_\_\_\_ (APPROVED)

THIS REQUEST FOR APPROVAL OF \_\_\_\_\_ UNITS

UNITS NEEDED FOR RECLASSIFICATION \_\_\_\_\_

IF OFFICIAL TRANSCRIPT RECEIVED BY 9/30:

WILL MOVE COLUMN: YES \_\_\_\_\_ NO \_\_\_\_\_

SALARY RECLASSIFICATION TO COLUMN \_\_\_\_\_ STEP \_\_\_\_\_

**APPROVAL TO TAKE COURSE/CLASS:**

APPROVED \_\_\_\_\_

NOT APPROVED \_\_\_\_\_

REASON \_\_\_\_\_

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**PROOF OF COMPLETION (ATTACH COPY OF OFFICIAL TRANSCRIPT)**

**DUE BY SEPTEMBER 30 (To Move a Column for Current Year)**