

**FRAZIER SCHOOL DISTRICT**  
**APPLICATION FOR SALARY ADJUSTMENT**

**NAME:** \_\_\_\_\_

**Request Payment for:**

\_\_\_\_\_ Master's Degree or Master's Equivalency

\_\_\_\_\_ Permanent Certification

\_\_\_\_\_ Block of 6 credits (Post-Master's)

\_\_\_\_\_ Service Increment (15th, 20th, 25th and 30th years)

\_\_\_\_\_ Other (specify): \_\_\_\_\_

**Documentation Attached:**

\_\_\_\_\_ Official Copy of Degree or Certificate

\_\_\_\_\_ Professional Certificate

\_\_\_\_\_ Official Transcript

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

**Approved:** \_\_\_\_\_

**Disapproved:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Approval Signature)

(Date)