

VENTNOR CITY PUBLIC SCHOOLS
OFFICE OF THE SUPERINTENDENT

Request for transfer to a higher salary scale

Date: _____

_____ hereby requests placement on the _____ (B+15,
(Staff Member)

M., Etc.) salary scale. Evidence of eligibility is attached.*

(Signature of Staff Member)



_____ Approved, placement will be effective as of _____

_____ Disapproval due to _____

(Signature of Superintendent)

*Copy of the graduate degree and/or complete official college transcript(s) showing evidence of all the credits claimed and clearly identifying these as graduate credits.

This form is to be filled out in triplicate. One will be returned to the staff member and the other sent to the business manager who will issue a new contract and make the necessary salary adjustment.

Forms available in Superintendent's Office