SOUTHFIELD PUBLIC SCHOOLS
WAGE ADJUSTMENT REQUEST FORM

This form must be returned to Human Resources for processing.

EMPLOYEE NAME (Please Print) _____

DISTRICT ID# _____

CURRENT POSITION _____

CURRENT LOCATION _____

BARGAINING UNIT (Circle One) ESOS MESPA

Please adjust my wage in accordance with the Wage Schedule provisions, as provided in the Master Agreement for the bargaining unit listed above, for obtaining the additional credits/degree level indicated below:

☐ Associate's Degree obtained from _____

Date Granted: _____

☐ Bachelor's Degree obtained from _____

Date Granted: _____

☐ Master's Degree obtained from _____

Date Granted: _____

☐ Master's + Thirty (30) obtained from _____

Date Completed: _____

Note: Thirty Semester hours must have been acquired ***AFTER*** Master's Degree was granted.

☐ Doctorate* obtained from _____

Date Completed: _____

☐ National Board Certification* _____

Date Completed: _____

☐ Fifteen (15) CEC's obtained from
(CEC = Continuing Education Credit) _____

Date(s) Completed: _____

* Must provide official transcripts ***AND*** a copy of diploma and/or letter of completion.

I have attached (or have mailed) one or both of the following required documents:

☐ Official transcript of credits (required for all levels)
☐ Diploma and/or Letter of Completion (required for Doctorate and National Board Certification ONLY)

By signing below and submitting this form, I certify all above information is true and correct to the best of my knowledge.

_____ _____
Employee's Signature Date

HR ONLY		
	Current Wage: _____ **Current Index:** _____	**Recommended Wage:** _____ **Recommended Index:** _____ **Approver's Signature**_____ **Date** _____