

**SCOTCH PLAINS-FANWOOD SCHOOL DISTRICT  
HORIZONTAL SALARY ADJUSTMENT FORM IV**

DATE: \_\_\_\_\_

TO: SUPERINTENDENT/DESIGNEE AND SPFEA CREDENTIALS COMMITTEE

FROM: \_\_\_\_\_

LOCATION: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

GRADE/ASSIGNMENT: \_\_\_\_\_

**PLEASE HAVE OFFICIAL TRANSCRIPTS FORWARDED DIRECTLY TO THE SUPERINTENDENT'S OFFICE ATTENTION DIRECTOR OF HUMAN RESOURCES. UPON RECEIPT OF OFFICIAL TRANSCRIPTS FROM THE ACCREDITED COLLEGE OR UNIVERSITY, COPIES WILL BE FORWARDED TO THE SPFEA OFFICE LOCATED AT TERRILL MIDDLE SCHOOL.**

I. Circle your current position on the Salary Guide:

BA BA+30 MA MA+30 6<sup>th</sup>-YEAR

II. Circle degree level for which you are seeking advancement on the Salary Guide:

BA+30 MA MA+30 6<sup>th</sup>-YEAR DOCTORATE

III. Name of Accredited College/University: \_\_\_\_\_

IV. Title of Degree/Program of Study: \_\_\_\_\_

V. Please attach a copy of your Anticipated Horizontal Advancement on Salary Guide Form III approved by the Business Administrator.

VI. Current Certifications Held: \_\_\_\_\_

VII. List graduate level courses to be reviewed by the Superintendent's Office and SPFEA Credentials Evaluation Committee:


EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

LOCATION: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

GRADE/ASSIGNMENT: \_\_\_\_\_

**FOR SUPERINTENDENT OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Other Action: \_\_\_\_\_

Approved By: \_\_\_\_\_

(Signature of Superintendent/Designee)

(Date)

**FOR SPFEA CREDENTIALS EVALUATION COMMITTEE USE ONLY:**

Date Received: \_\_\_\_\_

Other Action: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

(Signature of SPFEA Representative)

(Date)

Reviewed By: \_\_\_\_\_

(Signature of SPFEA Committee Chair)

(Date)

	FROM	TO
SALARY DEGREE LEVEL		
SALARY DOLLAR AMOUNT		