

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. Check your current position on the Salary Guide:

BA BA+30 MA MA+30 ADVANCED DEGREE

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

BA+30 MA MA+30 ADV DEG 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		