

MOUNTAIN HOME PUBLIC SCHOOLS
SALARY SCHEDULE ADVANCEMENT APPLICATION

Please complete form and return to your building principal/supervisor for signature.

Name _____ Date _____

Building _____ Position _____

Experience in District _____ Total Teaching Experience _____

Highest Degree _____ Current Position on Salary Schedule _____

Current Area (s) of Certification _____

Requested New Position on the salary schedule _____

Reason for Salary Advancement _____

List below all courses to be considered for advancement on salary schedule.
An official transcript for all graduate courses must be attached.

Course Number	Course Title or Description	Semester Hours	Institution	Completion Date

Was a Professional Growth or Graduate Coursework Application approved in advance for each course listed above:
_____ Yes _____ No

Are all semester hours above for graduate courses? _____ Yes _____ No

Additional Comments:

Signature of Teacher

_____ Approval recommended _____ Approval not recommended

Date Principal /Supervisor Signature

_____ Approval recommended _____ Approval not recommended

Date Superintendent or Assistant Superintendent Signature