

Submit by March 15th of the year preceding the Lane Change to
Human Resources Department

WASHINGTON COUNTY SCHOOL DISTRICT

APPLICATION FOR LANE CHANGE

I. Background Data

Date _____ Name _____ School _____

Home Address _____ Home Phone _____

Current Assignment(s):

Area of Endorsement(s):

II. Lane Information

Present salary lane: _____

Proposed lane change: (Please Check)

Quarters	<input type="checkbox"/> BS+30	<input type="checkbox"/> BS+45	<input type="checkbox"/> MS	<input type="checkbox"/> MS+30	<input type="checkbox"/> MS+55	<input type="checkbox"/> Doctorate
Semesters	<input type="checkbox"/> BS+20	<input type="checkbox"/> BS+30	<input type="checkbox"/> MS	<input type="checkbox"/> MS+20	<input type="checkbox"/> MS+36	<input type="checkbox"/> Doctorate

Employee Signature