



Application for Education Adjustment

Submit by March 15th of the year preceding the Education Adjustment

TO: Human Resources Department

(Reference District Professional Development Policy 1900)

I. Background Data

Date _____ Last Name _____ First Name _____

Employee ID# EO-____ School/Location _____

Current Teaching Assignment(s):

Endorsement(s) completing for Education Adjustment:

II. Education Information

Present Salary Step: _____ (HR Verified)

Semester Hours (*Teachers*) BS+18 BS+36 MS MS+18 MS+36 Doctorate

Semester Hours (*Admin*) MS+30 MS+40 Doctorate

Employee Signature

WCSD Form 504

Revised 10/2018

H:Forms/EducationAdj App FORM

FOR HR USE ONLY:

Approved

Not Approved/Hold _____

Approved Step TT/00/_____

CACTUS

SunGuard ___/___/___

FTE D/B

Google Doc