

FORT ZUMWALT SCHOOL DISTRICT
PARAPROFESSIONAL CHANNEL CHANGE REQUEST FORM

Name: _____ School: _____

SSN: XXX-XX- _____ Date: _____

Due to the accumulation of additional **college credit** hours, please move me from:

CURRENT SALARY CHANNEL: _____ **to:** _____
Years Step

NEW SALARY CHANNEL: _____
Years Step

The Paraprofessional Memorandum of Understanding states:
 Paraprofessionals who earn additional college credit hours to qualify for placement on a higher salary channel shall deliver written notification to the Superintendent no later than September 1 or January 15. Verification must be received within forty-five (45) days thereafter in the form of an official transcript, or said individual shall have the amount of increase received herein deducted from the next paycheck.

List individual University/College and the class(es) taken at each one for THIS CHANNEL CHANGE ONLY.

College: _____

Class(es)	Credit Hour(s)

College: _____

Class(es)	Credit Hour(s)

*I understand **OFFICIAL TRANSCRIPTS** must be received within 45 days of the deadline (September 1 or January 15) or the amount of increase will be deducted from any remaining paychecks.*

Signature: _____

OFFICE USE ONLY

Previous step: _____	Previous Salary: _____
New step: _____	New salary: _____
Date processed/by: _____	Original transcript rcvd: _____