TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

REQUEST FOR MOVEMENT ON THE CERTIFIED SALARY SCHEDULE

TCESC certified employees should use this form to request movement on the salary schedule. **Please complete this form and send it, along with official transcripts, to the human resources department by September 15.**

EMPLOYEE NAME: _____DATE: _____

TITLE/DEPARTMENT: _____

Please circle the salary schedule movement you are requesting:

BA to BA+ 20 BA to MA MA to MA +15

MA + 15 to MA +30 MA + 30 to Ph.D.

UNIVERSITY/COLLEGE NAME	COURSE NAME	HOURS

Official transcripts must accompany all requests for movement on the salary schedule. If transcripts are not available, TCESC will accept a letter from the dean of the institution stating that the hours have been completed. Please contact the human resources office for further details.

Approved By: _____ Date: _____
Human Resources Supervisor

Copies to: Treasurer's Office _____ Employee File _____ Created 7/07