



LaHarpe Community School District 347

Superintendent - Dr. Janet Gladu
Finance Manager - Laura Jones
Administrative Assistant - Liz McCarter

LANE CHANGE REQUEST FORM LAHARPE COMMUNITY SCHOOL DISTRICT

Last Name: _____ First Name: _____

School: _____

Current Assignment (School, Grade, Subject): _____

Institution Providing Degree: _____

Degree Obtained: _____

(Please note an official copy of your transcript must be received for Lane Changes)

Area of Study: _____

FOR OFFICE USE ONLY

GRADUATE COURSE CREDIT

Current Lane/Step: _____ Current Base Salary \$ _____

New Lane/Step: _____ New Base Salary \$ _____

Effective Year: _____ \$ _____

Lane change requests must be submitted no later than the 1st day of teacher attendance in August.
Official transcripts must be on file with the district no later than the 1st day of teacher attendance in order for lane changes to be approved.

LANE ADJUSTMENT

Approved Denied

Date: _____

Verified by: _____

Approved by: _____

Staff Member Signature: _____

Printed: _____

Date: _____