## ORANGE BOARD OF EDUCATION REQUEST FOR ACADEMIC LEVEL CHANGE

PLEASE COMPLETE THIS FORM IN DUPLICATE. SUBMIT BOTH COPIES TO THE DEPARTMENT OF HUMAN RESOURCES BY **NOVEMBER 1**<sup>ST</sup> FOR ATTAINMENT OF NEW LEVEL FOR THE FOLLOWING SCHOOL YEAR. A COPY WILL BE RETURNED TO YOU UPON APPROVAL. **NOTE:** PLEASE MAKE SURE YOU ATTACH OR SUBMIT PROOF OF ATTAINMENT OF NEW LEVEL, E.G.: TRANSCRIPTS OR DEGREE FOR ALL CREDITS TOWARDS THE NEW LEVEL.

AFF MEMBER:	LAST	FII	RST
School:		_ GRADE/SUBJECT:	
Γhis is to officially	notify you that I am requesting a c	hange on the contract guide	;
From:		To:	
(BA+15 AND MA+	LEVEL 15 LEVELS ARE ELIMINATED FOR EMP	·	EVEL E AFTER 07/01/2013)
for the school year	·		
These courses or	s have been approved by the Admin	istrative Assistant to the Su	perintendent
are part of a g	raduate matriculated program at	College or Universit	y
_		College or Universit	у
	raduate matriculated program at STAFF MEMBER	College or Universit	y SUBMITTED
	STAFF MEMBER	College or Universit	y SUBMITTED
Signed:		College or Universit	y
Signed:	STAFF MEMBER	College or Universit	y SUBMITTED
Signed:	STAFF MEMBER  STREET ADDRESS	College or University  DATE:	SUBMITTED  APT #
Signed:	STAFF MEMBER  STREET ADDRESS	College or University  DATE:	SUBMITTED  APT #
Signed:	STAFF MEMBER  STREET ADDRESS	College or University  DATE:	SUBMITTED  APT #