

Special Education Classified Contracted Employee Request for Salary Lane Change

Name _____ Social Security No. xxx-xx-_____ School _____

Current Position _____ Current Lane _____ Step _____

The following requirements for salary lane change have been met (complete applicable areas). No lane changes will be effective until approved by the Human Resources Department. The effective date is the first Monday of the following month upon Special Education Administrator approval and receipt in HR of this form.

Instructional Assistant IV- FT

Lane 4

- | | |
|--|----------------------|
| <input type="checkbox"/> 1 year full-time JSD SpEd experience | Dates _____ |
| <input type="checkbox"/> Completion of 3 classes of SpEd Training
<small>(Must complete within one year of hire- condition of employment)</small> | Date Completed _____ |
| <input type="radio"/> Introduction to Disabilities | |
| <input type="radio"/> Effective Instruction Part I | |
| <input type="radio"/> Behavior Management Part I | |
| <input type="checkbox"/> Completion of 2 project based blended classes. | Date Completed _____ |
| <input type="radio"/> Effective Instruction Part II | |
| <input type="radio"/> Behavior Management Part II | |

Instructional Assistant V- FT

Designated Locations Only

Lane 5

- | | |
|---|----------------------|
| <input type="checkbox"/> 2 years full-time JSD SpEd experience | Dates _____ |
| <input type="checkbox"/> MANDT Certification (annual re-certification required) | Date Completed _____ |

TO BE COMPLETED BY HUMAN RESOURCES OFFICE: The employee identified above is now eligible for a salary change.

Current Lane _____ Current Step _____ Current Hourly Rate _____

Lane _____ Step _____ Base Salary _____ Date Effective _____

Human Resources Administrator

Date