

Effective date: _____ Signature:

APPLICATION FOR SALARY IMPROVEMENT

Send to Human Resources Department ATTN: Licensure Specialist 1340 Braddock Place, 5th Floor Alexandria, VA 22314

Applicant Name:	Employee ID#					
School Location:						
Check One	□ Master's +30					
Official transcripts supporting To process the Master's salary verifying the degree and its aw To process the Master's +30, less subsequent to the completion	t, the Human Resovard date.	ources Department requestion of the contract o	uires an official d	egree confer	•	
College/University	Course code	Course title		Semester Hours	Date of Completion	
Salary Improvement Schedule If your degree or graduate hours wer deadline: No later than February 28. If your degree or graduate hours wer deadline: No later than September 30 Your application must be received I would like to add the Mas Treasurer of Virginia.	re completed betweer by the due date; oth	n February and August, your	new salary will be es	ffective Septem	ive salary schedule.	
Signature:	nature: Date of application:					
	Do not write below	this line – For Human Resour	ces Only, Licensure S _I	pecialist		
☐ Official transcript(s) attach	ad 3	Verified by:				
☐ Official transcript(s) on file		Date:				
	Do not write	below this line – For Compen	sation Only, Beth Coo	ke		

______ Date: ______ Rev July 2015

College/University	Course code	Course title	Semester Hours	Date of Completion