

MANSFIELD PUBLIC SCHOOLS
SALARY SCHEDULE PLACEMENT FORM

Name: _____ School: _____

Date: _____ Current Lane: _____ New Lane: _____

*Instructions: List each course being used for lane change and attach the **Official/Original** transcript(s) which confirms the courses below.*

Date	Course Title	College or University	Credits

TOTAL CREDITS _____

Date _____

Teacher's Signature

Date _____

Assistant Superintendent of Teaching and Learning

Per teachers' contract, approved lane changes will be reflected by the first pay period in September and March, whichever first occurs after the completion of this process.

**Paperwork deadline to Dyana Bogdan at Central Office: August 15 for a September Lane Change
February 15 for a March Lane Change**

Office Use Only:

Rec'd: _____ List confirmed: _____ Confirmation to teacher: _____