



Boyertown Area School District - Request for Column Movement 2020-2021 School Year

Instructions:

1. Complete this form and submit it to the Human Resources Department (Attention Ms. Heather Chambers) by **June 5, 2020**.
2. Submit official transcripts for the approved courses listed on this form to the Human Resources Department (Attention: Ms. Heather Chambers) by the following due dates:
 - **August 14, 2020** – for the Column Movement to be effective the 1st pay
 - **October 30, 2020** – for the Column Movement to be effective the 7th pay (retroactive to 1st pay)

Please note the following:

- Official hard copy of transcript (in a sealed envelope) from the college/university must be sent directly to the applicant, not to the Human Resources Department. Electronic official transcript must be sent to HR directly.
- This form must be completed in full for the Request for Column Movement to be considered and processed. Incomplete form will be returned to the employee, and if it is not resubmitted by the due date, it will not be approved for column movement

Name: _____ Employee #: _____

Building: _____ Current Assignment: Grade/Subject: _____

Employed: Full-time OR Part-time _____%

Please check your anticipated column movement as indicated below:

FROM:

TO:

- | | |
|--|---|
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Bachelor's +15 Graduate Credits |
| <input type="checkbox"/> Bachelor's +15 Graduate Credits | <input type="checkbox"/> Master's Equivalency (must apply to PDE) |
| <input type="checkbox"/> Master's Equivalency | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Master's +15 Graduate Credits |
| <input type="checkbox"/> Master's +15 Graduate Credits | <input type="checkbox"/> Master's +30 Graduate Credits |
| <input type="checkbox"/> Master's +30 Graduate Credits | <input type="checkbox"/> Master's +45 Graduate Credits |

Please list the courses that qualifies for the above requested column movement. Additional forms may be submitted.

Course Number	Course Title	Accredited College/University	Date Completed

I certify that the submitted information on this Request for Column Movement form is true and accurate to the best of my knowledge, and I have not applied the above listed courses to previous column movements.

Employee Signature: _____ Date: _____

Human Resources Department Office Use Only

- Request for Column Movement is approved. Request for Column Movement is not approved.

Reason for Non-Approval: _____