PALMERTON AREA SCHOOL DISTRICT
680 Fourth Street, Palmerton, PA 18071

Horizontal Movement Application

Teacher Name (Print): _____ Date of Request: _____

Current Assignment: _____ Building: _____

I hereby request that I be considered for placement on the salary schedule for completion of the following:

____ Bachelor's +24 (Date Bachelor's awarded _____)
____ Masters (Date Masters awarded _____)
____ Masters +15 (Date Masters awarded _____)
____ Masters +30 (Date Masters +15 awarded _____)
____ Masters +45 (Date Masters +30 awarded _____)
____ Masters +60 (Date Masters +45 awarded _____)

According to School Board Policy 428 all requests for horizontal movement must be submitted before the last Friday in September (for first semester adjustment) or the last Friday in February (for second semester adjustment).

This form along with an official transcript is to be sent to the **HR Office.**

Is an original transcript attached to this form (please circle)? YES NO

Name of College or Institution	Course Number	Course Title	Date Completed	Credit Hours	Grade Rec'd

HR Official Use Only

Verification of Transcript: _____ Signature: _____ Date: _____

Date Payroll Notified: _____ Board Approval Date: _____

cc: Personnel File