

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

Horizontal Movement Application

Teacher Name (Print):	Date of Request:				
Current Assignment:		Building:			
•	•	acement on the salary schedule Bachelor's awarded ons awarded ons	•	of the fo	ollowing:
Masters + Masters + Masters +	15 (Date Ma 30 (Date Ma 45 (Date Ma	asters awarded on asters +15 awarded on asters +30 awarded on asters +45 awarded on)		
According to School Board Policy #333, 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). An official transcript must be sent with this form to the Superintendent's Office.					
The contract of the contract o					
Name of College or Institution	Course Number	Course Title	Date Completed	Credit Hours	Grade Rec'd
		Official Use Only			
Verification of Transcript:					
Superintendent Signature:		Date:			
Date Payroll Notified:		Board Approval Date:_			

cc: Personnel file