



Human Resources/Compensation Application for Salary Adjustment

This application is for Salary Adjustment due to (circle): *Verification of Fulltime Experience / Educational Change*

Salary Adjustment Application and documentation should be submitted to Office of Compensation, 160 S. Hollywood St., Rm 108 / (901) 416-6463 (fax) or email form to compensationverification@scsk12.org

Name: _____ SS#: _____ Phone: _____

Position: _____ School Location: _____

Mailing Address: _____

City, _____ State: _____ Zip: _____

Employee Signature: _____

CERTIFICATED: Applying for Educational Level Change

Required Documentation for Salary Adjustment for Advanced Degree(s)

- *Application for Salary Adjustment*
- *Correspondence from the TN Department of Education reflecting the degree*
- *Official Transcript (Must have conferment date)*

Salary credit for advanced degrees (Master's, Master's +30/45, ED.S, or Doctorate) will be granted upon receipt of all required documentation (the official transcript with conferment date and correspondence from the TN State Department of Education reflecting the advanced degree). If degree was conferred prior to the first day of school the effective date will be the first day of school for the current school year. If the degree was conferred after the first day of school the effective date will be the first day of the first pay period following the conferment date. All documentation must be in the Office of Compensation by June 30th of the current fiscal year; otherwise, the adjustment will be awarded the first date of the following school year. Colleges and universities granting the degrees must be accredited in accordance with the Shelby County School's policy, practice and procedures.

___ BS ___ MA ___ EDS _____ DOCTORATE

CERTIFICATED: Applying for Prior Teaching Experience

Required Documentation for Prior Teaching Experience

- *TN Department of Education Experience Verification Form*

All prior accredited experience must be documented and submitted to the Office of Compensation on an official **Experience Verification Form** that must be completed by the current or previous employer's **Superintendent, Headmaster, Agency Director, or Designated Personnel Officer.**

The Office of Compensation may request additional documentation as necessary to substantiate prior experience for salary adjustment. Salary credit will be given for each year of accredited teaching experience up to, but not exceeding ten (10) years. Salary credit for *Prior Teaching Experience* will be granted upon receipt of an Experience Verification Form. Applicable salary adjustments will be made effective on the date of hire or date of new assignment honoring Years of Experience, as long as the employee provides the required documentation by June 30th of the fiscal year; otherwise, the effective date will be the first date of the following school year.

___ Total Number of Years of Teaching Experience Requested

CERTIFICATED: Applying for Military Experience

Required Documentation for Prior Military Experience

- *Copy of DD214*

Salary credit will be given for military experience up to, but not exceeding five (5) years for active service. (Military service in the Reserve or in the National Guard, other than active duty, shall not be counted). The salary adjustment for *Military Experience* will be granted upon receipt of DD214 form. Applicable salary adjustments will be made effective on the date of hire or date of new assignment honoring military experience, as long as the employee provides the required documentation by June 30th of the fiscal year; otherwise, the effective date will be the first date of the following school year.

___ Total Number of Years of Military Experience Requested

FOR SCS OFFICE OF COMPENSATION USE ONLY:

Reason Request Was Denied:

- | | |
|--|--|
| ___ Salary Adjustment Application not submitted to State | ___ Credits not from an accredited institution |
| ___ Official Transcript(s) not received; Grades not reflected on transcript(s) | ___ Transcript credits were insufficient |
| ___ Copy of DD214 not submitted | ___ Experience form not completed properly |

Request Approved:

Pay Opt: _____ Salary Grade: _____ Step: _____ Salary: _____

Confirmation Date: _____ Effective Date: _____ Compensation Analyst: _____ Date: _____

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