

Degree Change Form

Name \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Date Received \_\_\_\_\_

Board Policy GDBA: September 15 Deadline to Submit GCBA-E Form to Executive Secretary

Salary Schedule Placement Salary\* (Provided by Payroll) Salary Change Effective Date:
From: \_\_\_\_\_
To: \_\_\_\_\_

Authorizing School Official Signature Date

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Date of Governing Board Approval \_\_\_\_\_

- Cost Stmt
Program Stmt
Cert/Class Budget SS
Appropriations

(DEMSCN)

ID: \_\_\_\_\_ EMIS ID: \_\_\_\_\_ ODE License Number

Conceal: N

Semester Hours: \_\_\_\_\_

Education LVL: 1 = BA 2 = BA+150 Hrs 3 = MA

(POSSCN)

Appointment Type: 1 = Certified 2 = Classified

Salary Schedule Info: ID \_\_\_\_\_ Column \_\_\_\_\_ Step \_\_\_\_\_ FTE \_\_\_\_\_