

TALLMADGE CITY SCHOOLS
Tallmadge, Ohio

REQUEST FOR CHANGE OF TRAINING BRACKET
(Salary Schedule Change Due to Additional Training)

Name _____

Address _____

Telephone No. _____

Additional Training:

<u>Dates</u>	<u>Institute</u>	<u>Course Taken</u>	<u>Credit</u>
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The above additional training places me in the _____ training bracket on the salary schedule.

Note: An Official Transcript of credits must be on file in the Central Office by September 15th for you to receive credit for additional hours on the salary schedule.

Date _____ Signed _____

Approved _____

Date _____
