PLEASE NOTE: COMPLETE AND RETURN THIS FORM <u>ON OR BEFORE</u> JUNE 1. WE STRONGLY RECOMMEND THAT YOU HAND CARRY THE FORM TO HUMAN RESOURCES AND OBTAIN A DATE-STAMPED COPY FROM A PERSONNEL TECHNICIAN TO ASSURE TIMELY RECEIPT.

## FOR OFFICE USE ONLY

Reclassification Approved \_

Effective \_\_\_\_\_

New Column \_\_\_\_\_

Insufficient Units \_\_\_\_\_

Authorized by:\_\_\_\_

## **CERTIFICATED APPLICATION FOR SALARY RECLASSIFICATION**

NAME

DATE

**ID NUMBER** 

LOCATION

I believe completion of the listed courses will qualify me for salary reclassification. These classes have been completed or will be completed by September 10 of this year.

(Please list only those courses that have not been previously submitted to Human Resources.)

| University/College | Course Title/Number | Semester Units | Date Completed |
|--------------------|---------------------|----------------|----------------|
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|                    |                     |                |                |

Signature

Date

## PLEASE NOTE THE FOLLOWING DEADLINES:

- 1. This form must be submitted to Human Resources on or before June 1.
- 2. Units listed above must be completed by September 10.
- 3. Official transcripts for units required for reclassification are due prior to November 1.