

**APPLICATION FOR  
ACADEMIC SALARY LANE (ASL) CHANGE**

**SECTION 1 - EMPLOYEE DATA**

**SUBMISSION DATE:** \_\_\_\_\_

**Name of Employee:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current School Assigned:** \_\_\_\_\_

**SECTION 2 - REQUEST FOR ACADEMIC SALARY LANE CHANGE BASED  
UPON COMPLETION OF NEXT HIGHER DEGREE OR SEMESTER HOURS  
(SH)**

**(CHECK ONE):**

\_\_\_\_ Bachelor's Degree plus 15 SH of graduate credit completed on \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_ Bachelor's Degree plus 30 SH of graduate credit completed on \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_ Master's Degree awarded on \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_ Master's Degree plus 15 SH of graduate credit completed on \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_ Master's Degree plus 30 SH of graduate credit completed on \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_ Education Specialist (EDS)/Juris Doctor (JD) endorsement awarded on \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_ \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_ Doctorate Degree awarded on \_\_\_\_\_  
(MM/DD/YYYY)

**FILING DATE:** \_\_\_\_\_

\_\_\_\_\_  
(School Office Date Stamp and Initials)

<b>FOR OFFICIAL USE ONLY</b>	
Approved _____	Returned Without Action _____
Completion Date _____	Effective Date of Action _____
Instructional Program _____	Year of Latest Degree _____
Total Credit Hours _____	HR Specialist/Date: _____

