



## LANE CHANGE REQUEST

I, \_\_\_\_\_, hereby certify that I qualify for horizontal  
(Please print name)  
advancement on the current salary schedule from

\_\_\_\_\_ to \_\_\_\_\_  
(lane) (step) (lane) (step)

I understand that this form, accompanied by official transcript(s) indicating completion of these hours, must be received by the Director's Office on or before *February 15* or *September 15*, in order to qualify for horizontal advancement.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date of Change