

NRHEG Public School ISD #2168  
**Teacher Salary Schedule Lane Change  
Approval Notice Form**



Rev. 2-2-2024

Step 3 of 3. To be filled out and signed by the teacher and submitted to the Superintendent.

Teacher Name: \_\_\_\_\_

Date Last Course Completed Qualifying for Lane Change: \_\_\_\_\_

Course: \_\_\_\_\_

Total credits accumulated qualifying for lane change: \_\_\_\_\_ (attach copy of your final transcript)

University / College: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

\*\*\*\*\*To be completed by the District Office\*\*\*\*\*

Current Lane

\_\_\_ BA \_\_\_ BA+10 \_\_\_ BA+20 \_\_\_ BA+30 \_\_\_ MA \_\_\_ MA+10 \_\_\_ MA+20 \_\_\_ MA+30

New Lane

\_\_\_ BA \_\_\_ BA+10 \_\_\_ BA+20 \_\_\_ BA+30 \_\_\_ MA \_\_\_ MA+10 \_\_\_ MA+20 \_\_\_ MA+30

\_\_\_ Approved \_\_\_ Not Approved/Reason: \_\_\_\_\_

Payroll Date of Lane Change: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- C: Teacher's Personnel File
- Administrative Assistant to Superintendent
- Payroll Manager
- Supervising Principal