

APPENDIX 13
MAPLE HEIGHTS CITY SCHOOLS
REQUEST FOR RECLASSIFICATION

Employee's Name: _____

Building: _____ Assignment: _____

I hereby request reclassification for purposes of my placement on the salary schedule. I have completed the following additional training/education:

Attached is the official transcript reflecting the additional training.

The official transcript is not yet available, for reasons beyond my control. I have attached supporting verification from the university granting the additional training.

I have requested the university directly forward to the District the official transcript reflecting the additional training.

All coursework taken for reclassification must be from an accredited institution (i.e., an institution with a teacher education program that is approved to grant the baccalaureate and/or advanced degree by the Ohio Board of Regents or its equivalent if completed outside Ohio).

I CERTIFY THAT THIS REQUEST FOR RECLASSIFICATION IS BEING SUBMITTED IN CONFORMANCE WITH ARTICLE 12.02, RECLASSIFICATION.

Signed: _____
Employee's Signature

Date: _____

For Office Use:

This form and the official transcript supporting verification reflecting additional training must be submitted on or before October 15 of the year in which reclassification credit on the salary schedule is sought. No credit will be given on the salary schedule until the official transcript is on file, which, in any event, must be no later than February 15. Thereafter, credit shall be given where possible to reflect training secured prior to the start of the school year. Credits earned after the beginning of the school year, and prior to February 15, shall be recognized on a pro-rata basis beginning February 15, provided an official transcript supporting such credits is on file by that date.