

# SEQUOIA UNION HIGH SCHOOL DISTRICT

Human Resources Department

## CERTIFICATED STATEMENT OF INTENT FOR SALARY RECLASSIFICATION

*Please file with the Assistant Superintendent, Human Resources*

Name: \_\_\_\_\_  
(Please print)

School: \_\_\_\_\_

Current number of units earned after BA \_\_\_\_\_

Prior to the close of business on October 15, \_\_\_\_\_, or the next business day thereafter, I intend to file transcripts of the following work to the Assistant Superintendent, Human Resources:

Name of College or University \_\_\_\_\_

Course Title and/or Number \_\_\_\_\_

Number of Semester Units \_\_\_\_\_ Quarter Units \_\_\_\_\_

Name of College or University \_\_\_\_\_

Course Title and/or Number \_\_\_\_\_

Number of Semester Units \_\_\_\_\_ Quarter Units \_\_\_\_\_

**Total Semester Units** \_\_\_\_\_

I understand that failure to file such transcripts by the deadline means that I will not be reclassified until the first of the month following their filing, and that any salary paid in anticipation of reclassification will be deducted, should I fail to qualify.

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

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

**(DEADLINE FOR FILING THIS FORM: LAST BUSINESS DAY IN APRIL)**

The filing process should not be considered to be complete until the employee receives a copy, signed by the Assistant Superintendent, Human Resources.