

**FLOYD COUNTY PUBLIC SCHOOLS**

**140 Harris Hart Rd. NE**

**Floyd, Virginia 24091**

Telephone: (540) 745-9400

Fax: (540) 745-9496

**REQUEST FOR SALARY AMENDMENT**

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position** \_\_\_\_\_ **Worksite** \_\_\_\_\_

Based upon attaining further education, I am requesting an adjustment to my annual salary. I am eligible for the degree stipend indicated below which is not included in my current salary:

**Teacher Salary Scale**

\*(Please check one)

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> BA+12 | <input type="checkbox"/> EdSpec  |
| <input type="checkbox"/> BA+24 | <input type="checkbox"/> DOC   |
| <input type="checkbox"/> MA/MS | <input type="checkbox"/> VDOE National Board Certification of Teachers |
| <input type="checkbox"/> MA+12 | <input type="checkbox"/> American Speech-Language-Hearing Assn.        |
| <input type="checkbox"/> MA+24 | <input type="checkbox"/> Speech/Language Pathologist                   |

**Administrative/Supervisor Salary Scale**

\*(Please check one)

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> MA+12 | <input type="checkbox"/> EdSpec |
| <input type="checkbox"/> MA+24 | <input type="checkbox"/> DOC    |

**Support Staff Salary Scale**

\*(Please check one)

- ☐ Associate Degree
- ☐ Bachelor's Degree

**Note: Transcripts must be attached for verification of completed credit hours. Requests for salary amendments are accepted at the beginning of each school year and should be submitted for approval no later than September 1.**

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Verified By** \_\_\_\_\_

**Date** \_\_\_\_\_