

Central Massachusetts Collaborative

REQUEST FOR DEGREE/LANE CHANGE

Employee Name: _____

School/Program: _____

Position: _____

******Original official*** transcripts must be attached to this form upon submission.

I wish to apply for a salary adjustment for the following degree/lane change:

_____ Bachelors

_____ Masters

_____ 2 Masters/CAGS

_____ Bachelors +15

_____ Masters +15

_____ Masters +30

Provide official transcript/proof of Degree.

Highlight courses relevant to the additional Credits on the transcript.

Employee Signature

Date

CFO Signature

Date

Executive Director Signature

Date

Payroll Date Effective: _____