

PARKWAY SCHOOL DISTRICT
CHANNEL CHANGE REQUEST FORM

NAME _____

SOCIAL SECURITY # (last 4 digits) _____

SCHOOL _____

POSITION _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

DATE _____

CHANNEL YOU WISH TO MOVE TO _____

Please list the institution(s) where these additional graduate credits were earned and the number of hours from each institution. Please list the salary credit courses and number of credits received if using salary credit toward the channel change.

<u>INSTITUTION/SALARY CREDIT COURSE</u>	<u>HOURS/CREDITS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The effective date of the Channel Change shall be no later than the third pay period following receipt by the Human Resources office of all documentation in support of the additional earned graduate credit.

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES OFFICE

DO NOT WRITE BELOW THIS LINE (HUMAN RESOURCES USE ONLY)

Master's _____
Munis PA _____
BOE meeting _____
Approval letter _____