

Please Complete This Form Electronically



**Arizona State Schools for the Deaf and the Blind
APPLICATION FOR SALARY GRADE ADVANCEMENT**

STAFF MEMBER _____ Program _____

Date of Application _____ Current Salary Grade _____

Current Certification _____ Expiration Date _____

COURSE TYPE _____ Dates of Course _____

Name of Course _____

Course Number (College/University) _____

Type of Credits _____ Number of Units _____

Brief Course Description and How It Will Relate to Position Responsibilities

List Other Courses Taken in the Same Field _____

* Administrator/Principal/Director may limit the number of units credited in certain areas (e.g. four credits for sign language)

I have completed the above information and attached the course description.

Staff Member Signature _____ Date _____

My records show that I have enough credits for Grade Advancement. Please review my file and provide me with an update.

APPLICATION APPROVALS

Administrator/Principal/Director _____

Signature _____

Date _____ Status _____

ODD Designee _____

Signature _____

Date _____ Status _____

Please email completed application and course description to ODD

_organizationaldevelopmentdivision@asdb.az.gov