BIGFORK SCHOOL DISTRICT NO. 38
Classified Change of Lane Request

Name _____

Position _____(Employees with multiple classified assignments need to complete separate applications)

Step _____

Please check the appropriate box:

☐ Lane 2

    ☐ Have completed two years of post secondary education or the equivalent *(please attach copy of transcripts)*

    ☐ Have earned a two year or higher college degree *(please attach copy of transcripts)*

    ☐ Have successfully met Title I training requirements *(please attach documentation)*

    ☐ In-service training incentive: The building Principal and Superintendent must approve the training in advance.   The Superintendent must be notified by **April 1** of the employee's intention to complete the necessary 20 hours of training prior to the start of his/her next work year (July 1 for 12 month employees/September 1 for all others).   Training prior to July1, 2002 will not be accepted for compensation unless such training was taken at a post secondary education institution.   Attach documentation to this form, showing the completion of the training, in order to receive final approval. *(Please turn form over ➔)*

☐ Lane 3

    ☐ In-service training incentive: The building Principal and Superintendent must approve the training in advance.   The Superintendent must be notified by **April 1** of the employee's intention to complete the necessary 30 hours of training prior to the start of his/her next work year (July 1 for 12 month employees/September 1 for all others).   Attach documentation to this form, showing the completion of the training, in order to receive final approval. Applicable training is subsequent to movement to lane 2. *(Please turn form over ➔)*

Final Approval:

_____   _____
Employee Signature   Date

_____   _____
Superintendent Signature   Date

Effective Date ___/ 10 /___

In-Service Training: The following information must be approved before April 1st.

Training/Class	Location	Date	Hours

Total Hours _____

_____   _____
Building Principal Signature of Approval (in-service training only)   Date

_____   _____
Superintendent Signature of Approval (in-service training only)   Date