



HADDON TOWNSHIP BOARD OF EDUCATION
OFFICE OF THE SUPERINTENDENT

REQUEST FOR LATERAL MOVE ON SALARY GUIDE

Name (PLEASE PRINT) _____

I hereby request recognition from the Haddon Township Board of Education for
_____ credits of graduate/approved work completed.

Course/Title	University	Grade	Number of Credits

These credits will place me at: _____ + _____
(Transcripts are attached) Degree Credits

Date

Signature

Received by: _____ Date: _____