

Application for Lane Change



HASTINGS
PUBLIC SCHOOLS
 Hastings, Minnesota

Date: _____

Name: _____ Employee ID # _____

FTE: _____ Current Step & Lane: _____ New Step & Lane: _____

Mailing Address: _____

Course Number	Course Title	School	Pre-Approved	Date Taken	Grad.	Transcript	Quarter Hours
<i>Please list any carry over credits from last lane change here:</i>							
Total							

Lane Change Approval: _____ Date: _____

Note: Applications for lane changes shall be made prior to September 15th for the first semester and prior to February 1, for the second semester adjustment.

District Office Use:		
Carry Over Credits _____	New Salary	\$ _____