



Broken Arrow Public Schools

# REQUEST FOR COMPENSATION INCREMENT

To: Human Resources Date: \_\_\_\_\_

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Increment Reason: College Coursework

Increment to:

Masters

Doctorate

❖ Must accompany original, official transcript which reflects completed courses and/or earned degree.

Employee Signature: \_\_\_\_\_

## HUMAN RESOURCES USE ONLY

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

**APPROVED:** Increment has been reached, salary will be incremented effective \_\_\_\_\_

**UNAPPROVED:** Increment has not been reached.

Reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HR Signature: \_\_\_\_\_

PS \_\_\_\_\_

COMP \_\_\_\_\_