

Oakridge Teachers Association
Returning Teacher Salary Schedule Lateral Column Movement form

(This form must be turned in before September 15th)

To the Superintendent of the Oakridge School District:

I _____ believe I have earned the credits needed to make a
(Print Name)
lateral column advancement and ask that I be advanced based on the information below
and the transcripts which are attached. (all transcripts or a copy need to be present)

I am currently placed on the lateral column _____ and at step _____ on the salary
schedule.

Based on the information below I believe I will now be on the lateral column _____
and at step _____ on the salary schedule for the upcoming year.

List below all colleges attended and credits earned since your last lateral movement.
(all credits used to decide the correct lateral column will be in quarter hours based on the conversion
table on the back of this form)

College attended	Number of credits earned	Type of credit	Total quarter credits
1.			
2.			
3.			
4.			
5.			

My total credits in **quarter hours** earned since my last movement _____
Number of credits earned beyond my new lateral movement toward my next lateral movement _____

signature

Date