

REYNOLDSBURG CITY SCHOOLS



Change of Salary/Salary Increment Form - BOE Action

Name _____

Date _____ SS# _____

Building _____

Teaching Assignment _____

Beginning _____

BOE Meeting Date: _____

Change from _____ to _____ at \$ _____

TOTAL SEMESTER HOURS (all-inclusive) _____

Verified by:

Approved by _____, HR Director Date _____

Approved by _____, Treasurer Date _____
