GRAPEVINE-COLLEYVILLE ISD
REQUEST FOR CHANGE IN PAY SCALE FOR 2020-2021

Employee Name:	Position:
Campus/Location:	Date:

SECTION I

I am requesting for my compensation on the teacher pay scale be adjusted to the following:

_____Master's _____Doctorate

SECTION II

Pay changes are processed twice a year. Fall deadline to HR is **September 3rd** and the supporting official transcript is due October 8th. Spring deadline to HR is **January 10th** and supporting official transcripts is due February 4th. I have attached one of the following:

_____ COPY of transcript reflecting completed coursework**
_____ Official transcript reflecting completed coursework

** I agree to submit an official transcript within the timeline allowed by GCISD.

Employee's Signature_____ Date_____

SECTION III (Completed by HR)

Endorsement (circle): Approved Not Approved

If approved, effective date_____ If NOT approved, reason_____

Signature_____ Date_____
Human Resources Coordinator

Revised 5/2020