

RIVERSIDE COMMUNITY COLLEGE DISTRICT
REQUEST FOR SALARY RECLASSIFICATION – FULL TIME FACULTY (CERTIFICATED)

Form with fields: Print Name, Staff ID, Position Title, Date of Hire, Date, College, Department/Discipline, Email

I am requesting salary reclassification from Column _____ to Column _____. This request is based on the following course work completed since date of hire and/or salary reclassification based on approved coursework.

All fields listed below must be complete and this form is to be submitted with the following documents:

- A copy of the approval letter from the PG&SL Committee approving the program/coursework prior to starting the program. (Not applicable for placement from Column G to Column H – Doctoral degree must be posted/conferred on official transcripts.)
• Unopened, official, transcripts to verify completion of the coursework and/or with the degree posted.

Table with 5 columns: Course Code, Course Title, Number of Semester Units, Date Class Begins, Date Class Ends