

**Special Education
Education Support Professional (ESP)
Request for Salary Lane Change**

Employee Name _____ School/Department _____

Current Title _____ Employee # _____ Current Lane _____ Step _____

The following requirements for salary lane change have been met (complete applicable areas). No lane changes will be effective until approved by the Human Resources Department. The effective date is the first Monday of the following month upon Special Education Administrator approval and receipt in HR of this form. Employees receiving a lane increase will be placed on the closest step on the new lane without a decrease.

Principal/Director Signature: _____ Date: _____

Instructional Assistant Mild/Moderate

Lane 3 / 4

- | | |
|--|-----------------------|
| ☐ Completion of Basic Course (Required) | Date Completed: _____ |
| ☐ Completion of Mild/Mod Course (Voluntary)
(Approximately 20 hours) | Date Completed: _____ |

Instructional Assistant Self-Contained/South Valley

Lane 4 / 5

- | | |
|---|-----------------------|
| ☐ Completion of Basic Course (Required) | Date Completed: _____ |
| ☐ Completion of Advanced Course (Required)
(Approximately 40 hours) | Date Completed: _____ |

Instructional Assistant Special School (KSHS/River's Edge)

Lane 5 / 6

- | | |
|---|-----------------------|
| ☐ Completion of Basic Course (Required) | Date Completed: _____ |
| ☐ Completion of Advanced Course (Required)
(Approximately 40 hours) | Date Completed: _____ |

The employee identified above has completed the required training and is now eligible for a lane increase.

SpEd Administrator Signature: _____ **Date:** _____

TO BE COMPLETED BY HUMAN RESOURCES:

Date Received in HR: _____

Current Lane: _____ Current Step: _____ Current Hourly Rate: _____

New Lane: _____ New Step: _____ New Hourly Rate: _____ Effective Date: _____

Human Resources Administrator

Date