

Burlington County Institute of Technology



REQUEST FOR DEGREE STATUS CHANGE (Certified)

**Service
Community
Excellence**

NAME _____ **DATE SUBMITTED:** _____

POSITION: _____ **CAMPUS:** _____

Please check the appropriate 'FROM' and 'TO' boxes below to reflect a change in degree status, and submit this form along with *official* transcripts validating the completion of courses toward degree level status to the BCIT Personnel Office by the 31st of August. Salary adjustment will be made at the scheduled board meeting.

	<u>ADMIN USE ONLY</u>		<u>ADMIN USE ONLY</u>
FROM		TO	
HS _____	Step ____ at _____	HS + 20 _____	Step ____ at _____
HS + 20 _____	Step ____ at _____	HS + 40 _____	Step ____ at _____
HS + 40 _____	Step ____ at _____	HS + 60 _____	Step ____ at _____
HS + 60 _____	Step ____ at _____	Bachelor _____	Step ____ at _____
Bachelor _____	Step ____ at _____	Bachelor + 15 _____	Step ____ at _____
Bachelor + 15 _____	Step ____ at _____	Master _____	Step ____ at _____
Master _____	Step ____ at _____	Master + 15 _____	Step ____ at _____
Master + 15 _____	Step ____ at _____	Master + 30 _____	Step ____ at _____
Master + 30 _____	Step ____ at _____	Master + 60 _____	Step ____ at _____

Employee's Signature

FOR ADMINISTRATIVE USE ONLY

BOE Mtg Date _____ Approved _____ Not Approved _____

Effective Date _____

Superintendent/Designee Date

Edument Updated _____

cc Personnel File _____ Payroll _____