

Carver Public Schools

Salary Column Change – Course Verification Form

Please complete this form and attach copies of official transcript(s) and return to the Superintendent's Office.

Teacher's Name: _____ Date Submitted: _____

School/Grade/Department: _____

University	Course# and Name	Semester	Credit Hours	Final Grade

For Office Use Only:

Verified Salary Column Change FROM: _____ TO: _____
 Effective Date: _____

Approved by: _____ Date: _____
Superintendent of Schools

Cc: Teacher
 Payroll Office
 Personnel File