

Professional Alternative Compensation Plan Transition Intent

I, _____, plan to transition to the Professional Alternative Compensation Plan starting with the _____ school year. I understand that each year I must meet the Career Development and Professional Service requirements and have a positive evaluation before I qualify to advance a step on the Professional Alternative Compensation Plan. My Career Development Plan and Professional Service commitments will be submitted on or before the third Monday of September for approval. I understand that once I have made this transition it will be permanent and I cannot elect to return to the traditional salary matrix.

Please complete the information below.

Name _____
Please Print Name

Anticipated Step & Salary placement (on Professional Compensation Alternative Schedule):

Step _____ Salary \$ _____

Signature _____ Date _____

Intent form must be submitted to the District Personnel Office by the third Friday in May. You will receive confirmation of your acceptance and placement on this schedule.