

**NOTIFICATION OF INTENT TO OBTAIN UNITS  
TOWARD SALARY RECLASSIFICATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Course Description** (Attach copy of catalog listing and description, workshop or conference)

Comments on Benefits: \_\_\_\_\_

COLLEGE/ \_\_\_\_\_ UPPER DIVISION \_\_\_\_\_ CONFERENCE \_\_\_\_\_  
UNIVERSITY \_\_\_\_\_ LOWER DIVISION \_\_\_\_\_ WORKSHOP \_\_\_\_\_

APPROVED \_\_\_\_\_

NOT APPROVED \_\_\_\_\_

REASON \_\_\_\_\_

**DUE BY AUGUST 31**      **PROOF OF COMPLETION** (ATTACH COPY OF PROOF)

CONFERENCE/WORKSHOP UNITS TO DATE \_\_\_\_\_

COLLEGE/UNIVERSITY UNITS TO DATE \_\_\_\_\_ NEED \_\_\_\_\_

TOTAL UNITS TO DATE ABOVE BA \_\_\_\_\_ (APPROVED)

UNITS NEEDED FOR RECLASSIFICATION \_\_\_\_\_

SALARY RECLASSIFICATION TO CLASS \_\_\_\_\_ STEP \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_