

NAME (Last, First, MI)

Human Resource Management

Teaneck Board of Education 651 Teaneck Road Teaneck, NJ 07666

EMAIL ADDRESS



DATE

PLEASE SUBMIT TO HUMAN RESOURCES: kkramer@teaneckschools.org

APPROVAL OF COURSES FOR RECLASSIFICATION/REIMBURSEMENT

SCH	IOOL		CURRENT POSI	TION
	A Member to complete items 1 through 6 be assification Form prior to course enrollmen		nust be submitted v	vith the
1.	My Assigned Position is:			
		<u>Initi</u>	<u>ial</u>	
2.	My proposed university/college course(s qualify as "academic credits" as they are part of coursework requirements for a program of study leading to a degree	VEC		
3.	My proposed "academic credits" are in e	education and/or i	in my assigned teac	hing subject YES
4.	This university/college is accredited and	recognized by th	ne Department of Ec	
				YES
leas	e attach description from course gr	uide for each	course requeste	ed
	5. To be completed by Only coursework listed herein will qualify		or approval	To be completed by Superintendent
	ourse No. Course Title	Credits	Semester/Year	Approval & Initial YES / NO

TEACHER SIGNATURE	DATE
TEACHER SIGNATURE	DAIL
SUPERINTEND	DENT APPROVAL
My endorsement of this approval form and the attached c	completed reclassification form confirm that:
 I have reviewed the attached materials and fu I confirmed that the proposed academic credit and/or position related from an accredited un I determined the proposed academic credits a 	its are in education and/or in their subject area of teaching iversity
SUPERINTENDENT SIGNATURE	DATE
SUPERINTEN	NDENT DENIAL
The Superintendent of Schools denied approval f	For the following reasons:

Please note: The staff member may appeal such denial to a Hearing Committee consisting of two Association members and two Board members. The decision of the Hearing Committee shall be final, binding, and not subject to the grievance procedure.



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	RECLASSIFICATION FORM			
NAME (Last, First, MI)	EMAIL A	ADDRESS	DATE	
SCHOOL		CURREN	T POSITION	
At the present time, I am on the	(BA)	(MA)	guide (MA+32)	
expect to complete all the requiremen	ts for the		level by	
	(MA)	(MA+32) (PHI	D) Date	
	n effective Senteml	ber 1st. I shall requ	est transcrints to be sent	
			est transcripts to be sent	
	n Resource Manag		est transcripts to be sent	

NOTE: All coursework for reclassification must be completed and official transcripts must be submitted by August 31st before reclassification can be processed. This form is to be completed and submitted prior to June 30th by each person expecting to complete the requirements for reclassification, effective September 1st.

^{*}Individuals moving to the MA+32 level must complete the MA+32 movement form.



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NAME (Last, Football of School School Approved Course)			TION REIVIDO	<u>URSEMENT</u>		
	NAME (Last, First, MI) SCHOOL		EMAIL ADDRESS		DATE	
Approved Cours			CURRENT POSITION			
	ses:					
College/University	Course	# of Credits	Cost per Credit	Date of Completion	Grade Received	
ldd more rows as needed	1					
attached Documents: Copy of Transcript(s)			ntCopy of App	oroved Courses for R	eclassification	
taff Member Signature		Date				
gnature of Superintendent						
This section is for Board (Office use only)			Payment:		