

# Southwest Cook County Cooperative Association for Special Education

## Request for Salary Schedule Advancement/Reimbursement

**Directions:**

1. This form is submitted after pre-approved coursework has been completed and an employee is requesting that credits towards horizontal movement on the salary schedule be awarded.
2. This form is submitted when an employee has completed Cooperative Development Coursework (CDC) and is requesting reimbursement as horizontal movement on the salary schedule is not possible.
3. Official transcripts must be on file with the Cooperative at the time that this form is submitted.
4. CDC credit must have been awarded in the current or previous school year only. Requests for reimbursement for work from the prior year are due to the personnel office by August 31<sup>st</sup>. This will allow for processing and payment on or before September 30<sup>th</sup> as required in the contract.
5. All forms are submitted to the personnel office. Individual must be employed by SWCCCASE at the time of reimbursement.

**Application for:**    Salary Schedule Advancement                       Salary Schedule Reimbursement

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Certified Staff Member                       Non-Certified Staff Member    Other \_\_\_\_\_

Program: \_\_\_\_\_ Site: \_\_\_\_\_

I am requesting salary schedule advancement from \_\_\_\_\_ to \_\_\_\_\_.  
(current step/lane)                      (step/lane)

I have completed the following coursework and have submitted official transcripts to the personnel office:

Course Name	Course Number	University	Date completed	Credits awarded

I am requesting salary schedule reimbursement for the following Cooperative Development Courses:

Course Name	Date Completed	Credits awarded

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Assistant Director

\_\_\_\_\_  
Date

Cc: Employee, Supervisor, Personnel