

CLEVELAND METROPOLITAN SCHOOL DISTRICT
TRANSCRIPT SUBMITTAL FORM

Personal Identification Number (PID): _____

SSN: (Last four digits) **XXX-XX-** _____

(Last Name) (First Name) (MI)

School/Bldg _____ Title/Position _____

Phone: (H) (_____) _____ - _____ (Alternate) (_____) _____ - _____

THE ATTACHED TRANSCRIPT(S) IS BEING SUBMITTED FOR THE FOLLOWING REASON(S):
(PLEASE CHECK)

- _____ 1. Initial Transcript (New Hire)
- _____ 2. Certification/Licensure renewal and/or upgrade
- _____ 3. Vocational Certification/Licensure
- _____ 4. Salary Schedule Change (Please read carefully and follow the instructions below)
- _____ 5. Other (Please specify) _____

Instructions for a Schedule Change

- a) Request that an **OFFICIAL COPY** and a **Student Copy** of your transcript from the college or university be forwarded directly to yourself.
- b) At the time of your request, verify with the college or university that the degree if applicable, is posted on the transcript.
- c) Open only the student copy of the transcript and verify that the information on the transcript is correct.
- d) **Attach the Official Copy** of all transcripts verifying academic work completed for the schedule you are requesting unopened to the form and submit to: Cleveland Metropolitan School District, Human Resources Department, 1380 East Sixth Street, Room 500N, Cleveland, OH 44114, ATTN: L. Matthews.
- e) **SUBMIT UNOPENED OFFICIAL TRANSCRIPTS ONLY.**
- f) If you are requesting **schedule E or F**, the **master's degree** transcript **in addition** to the transcripts verifying the **additional hours** (15 graduate semester hours for schedule E or 30 graduate semester hours for schedule F) must be attached to the form in order to be processed.
- g) **TRANSCRIPTS WILL NOT BE PULLED FROM THE EMPLOYEE FILE OR ANY OTHER SOURCE.**
- h) **Grade reports, copies of degrees and letters from universities or colleges will not be accepted.**
- i) This form and official transcripts must be received in the Human Resources Department by October 1st for a first semester adjustment and by March 1st for a second semester adjustment. **THERE WILL BE NO EXCEPTIONS TO THE DEADLINES.**
- j) For additional information regarding salary adjustments, please refer to the Agreement between the Board of Education of the Cleveland Metropolitan School District and the Cleveland Teachers Union Local #279.

Please check your **current** schedule:

Please check **requested** schedule:

B C D E

C D E F

I have read the above and understand that it is my responsibility to submit all transcripts in accordance with the aforementioned instructions and deadlines.

Signature

Date