

# PASSAIC COUNTY TECHNICAL INSTITUTE

## REQUEST FOR MOVEMENT ON THE GUIDE

Name \_\_\_\_\_  
Print

Date: \_\_\_\_\_

**Current step and salary:**

Step	Salary

**Anticipated step and salary:**

Step	Salary

Transcript/s attached:  Yes  No

Transcript/s to be submitted:  Yes  No

**My degree and credits are as follows:**

**ACADEMIC TEACHER**

	DEGREE	18 CREDITS	35 CREDITS	65 CREDITS	OTHER
BS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**CTE/SHOP TEACHER**

	TRADE EXPENSE & SCHOOLING PER NJ ADM. CODE	VOC CERT PLUS 18 CREDITS OR EQUIVALENT	VOC CERT PLUS 35 CREDITS OR EQUIVALENT	BACHELOR	BA PLUS 18 CREDITS	BA PLUS 35 CREDITS	MASTER	MA PLUS 18 CREDITS
VOC CERT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**