



Somerset Public Schools  
Somerset Berkley Regional School District  
*All Students Achieving Excellence*

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**PARAPROFESSIONAL SALARY ADJUSTMENT FORM**

I am requesting a salary adjustment from Schedule:\_\_\_\_Step:\_\_\_\_Tier:\_\_\_\_ to Schedule:\_\_\_\_Step:\_\_\_\_ Tier:\_\_\_\_ in accordance with the provisions of the Paraprofessional Contract. Per the contract, paraprofessionals must have notified the Superintendent in writing by no later than December 15 of the preceding school year of his/her anticipated eligibility for a lane movement.

Achieved 48 hours or Associates Degree –Please attach official transcript.  
Please note: transcript **must** show degree awarded.

Achieved Bachelors Degree – Please attach official transcript.  
Please note: transcript **must** show degree awarded.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date submitted