

Name: _____

LANE CHANGE APPLICATION

**BOLD Schools – District Office
701 S 9th St
Olivia, Minnesota 56277**

Please list the specific credits earned that qualify you for a lane change. An official transcript of the qualified credits must be attached. Return the application to the District Office.

Number of Credits Course Name and Number

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Present Lane/Step _____ Next Lane/Step _____

Balance of Credits after Lane Change _____

Teacher's Signature

Date Submitted



Application Approved: _____ Application Denied: _____

Superintendent's Signature

Date Approved

Effective Date: Individual contracts will be modified to reflect additional compensation at the next pay period after approval by the Superintendent. The adjusted salary will be the new lane amount divided by the number of duty days in a school year and will be paid on those remaining duty days.

Date Entered: _____ by _____

Original: Personnel File Copy: Instructor