## **SANDWICH PUBLIC SCHOOLS**

ADMINISTRATION OFFICES 33 Water Street Sandwich, MA 02563 Tel: 508 888-1054

FAX: 508 888-9505

## **NOTICE OF INTENT**

## LATERAL MOVEMENT ON THE SALARY SCHEDULE

Name:	Date:	
School:		
From (salary column):	To (salary column):	
school year. I understand this Notice of In December 1st of the year prior to my ant the Salary Schedule, I must present comp before the following September 15th with printout from SmartPD showing my incre	I anticipate lateral movement on the Salary Schedule for the retent must be received by the Superintendent's Office <i>on or be icipated move</i> . I further understand that in order to move lateral letion of the required credits to the Superintendent's Office <i>on</i> an official transcript from the institution(s) and, if applicable mental credits. If an extension is necessary for the purpose of apletion of a course, the Superintendent will grant a grace perimber 1st.	efore ally on a or e, a
Teacher's Signature:	Date:	-

Please forward to the Office of the Superintendent.