

SEDALIA SCHOOL DISTRICT
Horizontal Movement Request

Form 4505

Date: _____

Name: _____

SSN: (Last 4 digits) _____

Bldg: _____

Signature: _____

TRANSCRIPT HOURS: _____

(Official transcript must be attached)

Non-contract PD hours (total hours = _____ ÷ 15) = _____

(copy of Frontline print-out with hours highlighted must be attached)

TOTAL HOURS FOR HORIZONTAL MOVEMENT _____

Do Not Write Below This Line
For District Office Use Only

Position: _____

Step Placement: From _____ To _____

Salary: From \$ _____ To \$ _____