



# Independent School District 152



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Administrative Procedure 510.3

## Appendix D – Request for Extracurricular Salary Adjustment

The Coach/Advisor will submit this form to the Activities Director. All requests will be considered in March in line with school district policy for the Comparable Worth/Pay Equity Review Process.

<b>Name of Employee requesting change:</b>		
Name of Extracurricular position:		
Brief Description of Request/Recommendation for salary adjustment change:		
Provide the rationale for this request, including relevant background information and description of increased time or responsibility resulting in this request.  <b>Provide additional documentation available with this request.</b>		
Please provide salary comparison or other data, including other comparable districts, if available.  <b>Provide additional documentation available with this request.</b>		
What impact will the proposed changes have on students?		
Comments from the building principal:		
Comments from the Activities Director:		
Requestor/Advisor Signature:		Date:
Principal Signature:		Date
Activities Director		Date
Reviewed by the Activities council		Date

*For office use:*

**Budget Information:**

Increased cost of adjustment from Factor \_\_\_\_\_ to Factor \_\_\_\_\_

Is the proposal within current budget constraints? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what budget \_\_\_\_\_

If no, how will the request be funded? \_\_\_\_\_