As per Article 19 section B of the Agreement Between the Medford School Committee and the Medford Teachers Association (September 1, 2015 to August 31, 2018), teachers may apply for salary increments for lane advancements as stated in the contract copied below.

C. Lane Advancement

1. Effective July 1, 2016, credit for lane advancement shall be limited to:
   a. pre-approved graduate-level courses in a program accredited by an accrediting organization recognized by DESE;
   b. in the field of education or in a content area taught by the teacher; and
   c. advances the teacher’s knowledge or skills.

The teacher must receive a grade of “B” or better.

Credit for lane advancement will also be allowed pursuant to Appendix C (SEI Endorsements).

2. Notwithstanding the previous paragraph, once a year, the School District shall make available to all teachers 1 PD offering consisting of 15 hours of Professional Development that can be used as one (1) graduate credit towards lane advancement. The PD offering will take place during the school year and the time(s) during which this PD will be offered will be determined by the administration with input from the Professional Development Council.

3. Credits toward lane advancement shall not expire, provided they were pre-approved and had not expired by September 1, 2015.

Please Complete Form on back of this page:
REQUEST FOR SALARY INCREMENT APPROVAL FORM

Teacher’s Name: ____________________________ Date: ____________________

School/Department/Grade: ____________________________

Name of College /University: ____________________________

Course is accredited by an DESE accrediting organization. You can find that list at http://www.mass.gov/edu/government/departments-and-boards/ese/programs/educator-effectiveness/licensure/academic-prek-12/teacher/recognized-accrediting-organizations-2008-09.html

Attached documentation that course is at the graduate level and accredited:__________

Course Title: ______________________________________________________________

Number of Credits: ______ Date Course Begins: __________ Date Course Ends: ______

Describe how this will advance your knowledge or skills:______________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

SIGNATURES

______________________________ ______________________________
PRINCIPAL RECOMMENDATION DATE

______________________________ ______________________________
DIRECTOR/SUPERVISOR RECOMMENDATION DATE

______________________________ ______________________________
SUPERINTENDENT/DESIGNEE APPROVAL DATE

CREDITS ACCEPTABLE FOR LANE ADVANCEMENT ________________________________

Salary increment guidelines are on the reverse side of this form

Not approved reason is as follows:______________________________________________