

Salary Reclassification Request Form



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PLEASE USE CAPITAL LETTERS

Legal Name

Surname

Given Name

Middle Name

Mailing Address

Street

City/Town

Province

Postal Code

Date of Birth

Telephone No.

PSP No. or
Cert. No.

Day/Month/Year

Email Address

Recent Conferred Degree

University Conferring Degree

Employing

School Division/Authority

Also applying for: (Please X all applicable)

☐ Special
Education

☐ Special Education
Coordinator

☐ School
Counsellor

☐ School
Leadership

Signature

Date

REQUIREMENTS FOR PROCESSING:

Salary reclassification will be processed when the following documents are received by Professional Certification and Student Records Unit:

- An **official transcript** sent **directly** from the University with conferral of recent degree
- Completed, signed and dated Salary Reclassification Request Form
- Payment of fee (s) by:
 - Cheque or Money Order payable to the Minister of Finance or
 - Visa or MasterCard (form attached)

Return to:

Professional Certification and Student Records Unit
PO Box 700, 402 Main Street N.
RUSSELL MB R0J 1W0

Telephone 1-204-773-2998
In Manitoba 1-800-667-2378
Fax 1-204-773-2411

This personal information is being collected under the authority of Manitoba Regulation 115/2015 made under The Education Administration Act, and will be used for ongoing verification of certification and notification. Personal information is protected under The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact Professional Certification and Student Records Unit, Box 700, Russell MB R0J 1W0 ph. 1-800-667-2378 or 1-204-773-2998.

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For Office Use Only:

PSP #: _____

Receipt #: _____

VISA OR MASTERCARD SERVICE REQUEST FORM

To make payment with a Visa or MasterCard, this form must be completed and submitted with the Replacement Certificate Request Form.

	<u>FEE AMOUNT</u>	<u>TOTAL</u>
Salary Reclassification	\$50.00	_____
Special Education	\$60.00	_____
Special Education Coordinator	\$60.00	_____
School Counsellor	\$60.00	_____
School Leadership	\$60.00	_____
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Method of Payment

☐ Visa ☐ MasterCard

Card Number _____

Expiry Date _____

Month/Year

Cardholder Name

(as it appears on the card) _____

Please Print

Cardholder Signature _____

NOTE: If the card has been submitted by telephone, the cardholder's signature MUST be submitted by mail or fax. Visa or MasterCard information cannot be accepted by email for security reasons.