

CENTRAL SUSQUEHANNA INTERMEDIATE UNIT

PO Box 213, Lewisburg, PA 17837 570-523-1155 Fax: 570-523-1370 www.csiu.org

**SOCIAL WORKER
CHANGE IN PLACEMENT ON SALARY SCHEDULE
Reporting Form**

Full Name: _____

Position: _____

Please check the licensure you received and attach a copy of the license.

_____ LSW - Licensed Social Worker

Date Received: _____

_____ LCSW - Licensed Clinical Social Worker

Date Received: _____

After completion, return this form to the **CSIU Office of Human Resources**. Attach **ORIGINAL** transcripts and other necessary documentation to verify all credits earned. If you have earned a degree, please include a copy of that certificate. If this form and proper documentation are submitted by the first working day of the month your movement on the salary schedule will be effective the first working day of the following month that falls during the regular school year, with no retroactivity.

Official Use Only

License included:	_____	Effective Date:	_____
Letter sent:	_____	To payroll folder:	_____
Letter returned:	_____	cc Jan Boyer:	_____
		cc Personnel file:	_____