



DEPARTMENT OF HUMAN RESOURCES

160 S. Hollywood St. • Memphis, TN 38112 • (901) 416-5323 • Fax (901) 416-0089 •
www.scsk12.org

Administrative Adjustment Request Form

Name: _____	Phone: _____	Date: _____
Employee ID: _____	Position/Classification: _____	
Department: _____	Supervisor: _____	Start Date: _____

Reason for Adjustment Request: _____

Previous School:

	School	Years	
		From	To
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Signature: _____

Date: _____

To be completed by Human Resources:	
Committee Meeting Date: _____	<input type="checkbox"/> Denied
	<input type="checkbox"/> Approved
Comments: _____	

