



**HUMAN RESOURCES DIVISION**  
**DEPARTMENT OF EDUCATION**  
501 MARINER AVENUE  
BARRIGADA, GUAM 96913  
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Superintendent of Education

KATHERINE M.P. ADA  
Personnel Services Administrator

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## TEACHER RECLASSIFICATION & PAY ADJUSTMENT APPLICATION FORM

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Instructions for this form: Please complete all information on this form. The Department of Education's Rules and Regulations, Section 904.701(3), states, "[t]he teacher must apply for reclassification. The application must be supported by an official transcript of college credits, and must be filed no later than November 1 for the first semester and April 1 for the second semester." Therefore, please ensure that the following documents are attached:

1. Official transcript(s)
2. Valid Guam Teaching Certificate. Please note: The teaching certificate must be issued on or before the effective date of the requested reclassification. If not, the reclassification will be made effective at the beginning of the subsequent semester.

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EMPLOYEE NAME: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_ EIN: \_\_\_\_\_

SCHOOL/DIVISION: \_\_\_\_\_

SUBJECT AREA CURRENTLY TEACHING: \_\_\_\_\_  
(Example: 1<sup>st</sup> Grade, Social Studies, Guidance Counselor, Health, etc.)

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACKNOWLEDGED BY SCHOOL PRINCIPAL/DIVISION HEAD:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE