

Teacher Salary Supplement Program (TSSP) Appeal Application

Last Name: _____	First Name: _____	CACTUS ID# _____
Email: _____		
Phone: _____	Payment Term: ___ Trimester ___ Semester ___ Annual	
Local education agency (LEA): _____		

Submit the appeal application and supporting documentation **prior to May 31st of the program year**. *Appeal applications will not be accepted after May 31st*. Complete the TSSP application on-line prior to submitting the Appeal Application. Select **ONE** of the **Review** options listed below:

DEGREE REVIEW include **ORIGINAL** transcript showing major for equivalency consideration.

Digital Transcripts: The USBE will accept official digital transcripts, but these **MUST** be submitted directly from the institution’s clearinghouse to transcripts@schools.utah.gov.

Official (Paper) Transcripts: “Sealed” transcripts are not required, but the documents must be official on the university “scrip-safe” paper. Photocopies or printed digital transcripts will not be accepted. **Mail** transcripts and signed appeal application to:

Utah State Board of Education - TSSP
P.O. Box 144200
Salt Lake City, UT 84114-4200

Area for review as “substantially equivalent” (select one):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Physics | <input type="checkbox"/> Physical Science | <input type="checkbox"/> Deaf Education |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Special Education | |

University: _____	Paper <input type="checkbox"/>	Digital <input type="checkbox"/>
†† Degree: _____ Major: _____	Confer Date: _____	
University: _____	Paper <input type="checkbox"/>	Digital <input type="checkbox"/>
†† Degree: _____ Major: _____	Confer Date: _____	

Coursework completed outside of an awarded degree cannot be reviewed or considered.

† If submitting a master’s or doctoral degree, please include official transcript for the bachelor’s degree.

†† If the degree earned references “transfer credits”, it is recommended to also submit official transcripts from the initial institution.

ASSIGNMENT HISTORY REVIEW appeal must include **Verification of Educator Experience Form** or other supporting documentation to validate **10+ years of work experience in Utah and assignment type**.

List years requested for review: _____

Assignment Verification Form(s) Attached:

Signature: _____ Date Completed: _____

*Submit the appeal application as a PDF attachment to tssp@schools.utah.gov.
 All documentation for an appeal must be submitted **prior to May 31st of the program year**.*