

EMPLOYEE EDUCATIONAL INCENTIVE PROGRAM REQUEST
FOR SALARY ADVANCEMENT (Non-Faculty)



Submit completed form with official transcripts

To: HUMAN RESOURCES - COMPENSATION
DISTRICT OFFICE - ROOM #330

Please make a copy for your file.

From: _____
(Last) (First) (MI) (Employee ID)

_____ (Contract Start Date) _____ (Work Location & Phone #)

I have completed 12 semester units or 18 Quarter units toward the Education Incentive Program and hereby request salary advancement. I understand that this salary increase will be granted on the first of the month immediately following the satisfactory verification by Human Resources.

I understand that I am currently maxed for salary advancement per my Collective Bargaining Agreement or Handbook. I am submitting the additional units/degree that I have earned subsequent to my employment for my personnel file.

Listed below are the courses I would like to claim and are unduplicated from previous submissions:

	# Units	Subject/Course #	Title	Accredited Institution	Semester/Year	HR Verified
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

_____ (Signature) _____ (Date)

For Human Resources Use Only

Excess units from salary advancement requests carried over.

Effective Date	Class	New Step	New Salary	Prev. Step	Prev. Salary	Lines Used