

REQUEST FOR COMPENSATION FOR ADDITIONAL DEGREES, LICENSES & CERTIFICATIONS

Section A – Employee Information		
Employee Name (Last, First)	CWID	Position/Classification Title
Department	Supervisor	Date of Request
Degree, Licensure or Certification Program		Expected Graduation/Completion Date
Accreditation Agency for the Institution issuing the Degree*, Licensure or Certification Program (*Colleges/Universities must be regionally accredited by one of the six regional accreditation agencies identified in Policy 604.00)		
List any previous degrees, licenses or certifications earned. If none type "None"		
How will the degree, license or certification enhance your skills and benefit the College/University in your current role? (attach additional sheets if necessary)		
Supervisor's Justification (attach additional sheets if necessary)		
Section B – Review and Approval		
Employee Certification By signing this form, the employee acknowledges that the information provided is correct to the best of their knowledge.	Signature	Date
Supervisor Recommendation By signing this form, and if approving, the Supervisor acknowledges that the requirements of Policy #604.00 have been met, to include accreditation. APPROVE DISAPPROVE N/A	Signature	Date
Department Head / Director Approval (if applicable) By signing this form, and if approving, the Department Head/Director acknowledges that the requirements of Policy #604.00 have been met, to include accreditation. APPROVE DISAPPROVE N/A	Signature	Date
Associate Dean Approval (if applicable) By signing this form, and if approving, the Associate Dean acknowledges that the requirements of Policy #604.00 have been met, to include accreditation. APPROVE DISAPPROVE N/A	Signature	Date
Dean / Assistant Vice President Approval (if applicable) By signing this form, and if approving, the Dean / Assistant Vice President acknowledges that the requirements of Policy #604.00 have been met, to include accreditation. APPROVE DISAPPROVE N/A	Signature	Date
Office of Academic Affairs* OR appropriate Vice President Approval APPROVE DISAPPROVE <small>*Office of Academic Affairs signs for Academic Affairs, Advancement, Research, Student Affairs, Community Affairs, Strategic Communications, and President's Office</small>	Signature	Date