**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee CWID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Position Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Min Degree Required**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per the agreement between the District and the AMA, administrators may request to receive an Educational Award for education credits beyond the minimum required for their position as follows:

* Administrators who successfully complete 36 semester units from an accredited institution subsequent to the attainment of the minimum degree required for his/her position shall be eligible to receive an annual 12-month award of up to $3,384.
* Administrators who successfully complete 72 semester units from an accredited institution subsequent to attainment of the minimum degree required for his/her position shall be eligible to receive two annual 12-month awards of up to $3,384 each.
* Administrators who earn a doctorate degree from an accredited institution shall be paid an annual award of up to $3,384.
* The maximum number of awards shall be two at any one time. All awards are paid based on 1/12th of the total annual award amount for each month of full time assignment.
* Official transcripts documenting successful completion of course work are required to be submitted with this request. It shall be entirely the administrator’s responsibility to submit the required documentation. Upon receipt and verification, the stipend shall be effective the first of the month following submission and shall not be made retroactive.
* Stipend eligibility shall be recalculated following assignment or appointment to a new position or classification requiring a different level degree; except, when assigned or appointed to a classification assigned the same pay range, stipends earned shall not be withdrawn.

An official transcript documenting my educational credits from an accredited institution is attached or has been ordered to be sent directly to college personnel for processing. I understand my request will not be processed until all documentation has been submitted and verified.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP, Finance or Vice Chancellor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CAMPUS PERSONNEL

Number of “Beyond Minimum” Credits attained by the Administrator (Sem Unit Equivalent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Campus Personnel Date

### DISTRICT OFFICE OF HUMAN RESOURCES

Number of Awards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District HR Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director/Vice Chancellor, HR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_