|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | EnterName. | Department: | Enter Department. | Site: | Pick |

|  |  |  |  |
| --- | --- | --- | --- |
| School Attending: | Enter School. | Completion Date: | Enter Date. |
| \*Degree Course Name | Enter Degree. | #Hours/Points | Enter hours/points. |
| \*Non-Degree Course Name: | Enter non-Degree course name. | #Hours/Points: | Enter hours/points. |

 **\*One Course per Application**

Explain how course will contribute to your position:

|  |
| --- |
| Enter explanation. |

I understand that the Incentive Program Review Committee must approve this course study before the course is taken. Upon completion of the course it is my responsibility to deliver transcripts accompanied by this application to the Incentive Program Review Committee for final approval of grades for determining points earned toward additional annual compensation of $0.32 an hour upon completion of 15 points. Points are cumulative.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Approved \_\_\_\_\_\_ Not Approved

Signature, Committee Member Date

**APPROVAL FOR COMPENSATION**

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved Certificate Received \_\_\_\_ #Points Earned \_\_ FY\_\_\_\_

Incentive pay of $\_\_\_ an hour additional

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

Signature, Committee Member Date Signature, Business Manager Date