



## Application for Personal/Professional Growth Benefit – Confidential Staff

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Employee No.: \_\_\_\_\_

College/Institution Attended: \_\_\_\_\_ Benefit Year: \_\_\_\_\_

I hereby apply for the following benefit (check appropriate box):

NOTE: These benefit payments are subject to payroll deductions.

A unit member may earn **each** of the following benefits **once** each **contract** year:

### A.

- ☐ \$300 for completing three (3) semester or four (4) quarter units and an additional \$50 for every one (1) semester or one (1) quarter of lower division credit at a school accredited by one (1) of the following six (6) regional accrediting associations of schools and colleges.
- ☐ \$500 for obtaining any job-related licenses and/or certificates at any school accredited by one of the six regional accrediting associations of schools and colleges or an industry-recognized credential.
- ☐ \$750 for completing three (3) semester or four (4) quarter units and an additional \$100 for every one (1) semester or one (1) quarter unit of upper division or graduate credit at a school accredited by one (1) of the following six (6) regional accrediting associations of schools and colleges.

New England Association of Schools and Colleges (NEASC), North Central Association Commission on Accreditation and school Improvement (NCA), Middle States Association of Schools and Colleges (MSA), Southern Association of Schools and Colleges (SACS), Western Association of Schools and Colleges (WASC), and Northwest Association of Schools and Colleges (NWCCU).

### B.

- ☐ One-time benefit for degree earned:
  - ☐ Associate's – \$1,000
  - ☐ Bachelor's – \$1,500
  - ☐ Master's or higher – \$2,000

I certify that:

I have attached an official transcript or verification of attendance in hours at staff development activities and/or off-campus workshops as proof of satisfactory completion. Sixteen (16) hours equates to one (1) lower division semester unit.

The units were completed during the contract benefit year indicated above.

The units/hours were earned on my own time at no District expense.

I earned a grade of "C" or better on the applicable units.

I understand that an application for the Personal/Professional Growth Benefit may only be submitted one (1) time in any contract year and that any units completed in that year but not listed on this form will not be eligible for this benefit once it is submitted.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### **SUBMIT APPLICATION TO HUMAN RESOURCES**

Fiscal Year Earned: \_\_\_\_\_ Units Verified: \_\_\_\_\_ Benefit Amount: \$ \_\_\_\_\_

VP, Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_