DEGREE/CERTIFICATION INCENTIVE REQUEST FORM

Employee Name:	mployee Name: Date of Hi				
Position Title:			Department:		
Type Degree/Certification Earned	:				
Date Degree/Certification Granted	l:				
Agency/University/College Granti	ng Degree/Cer	tification	·		
Location of Same:			State		
Category	Incentive Ar		*Amount you are	Requesting	
Professional Certification	\$500	Hount	Amount you are a	Requesting	
Associate's Degree	\$750				
Bachelor's Degree	\$1,000				
Master's Degree. or Ed.S	\$2,000				
Master's Degree (MFA only)	· · · · · · · · · · · · · · · · · · ·				
Doctorate Degree (Ph.D, Ed.D)	· · · · · · · · · · · · · · · · · · ·				
Describe how degree/certification		-	_		
I request payment for earning the awith the university's compensation true and accurate to the best of certification notification to validate to this request may be cause for discovered.	n plan. I attest my knowledge. te my request.	t that the i I have i I further	information contained attached the appropr understand that any t	l in this request is iate transcript or misrepresentation	
Employee Signature			Date		
I have reviewed the request and explanation of the degree or certif				concur with the	
Signatures:		For Human Resources Use Only			
Department Head	Date	Dir. Of I	HR Signature	Date	
		Commor	ata:		

This form must be completed and submitted in PeopleAdmin along with the Degree/Certification PARF

Date Amount Approved: \$

Dean/Vice President