Unit Member Last Name:       First Name:

Banner ID:       Department:

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

* 1. $300 for completing three (3) semester, or four (4) quarter units and an additional $50 for every one (1) semester or one (1) quarter units of lower division credit at any school accredited by one of the six regional accrediting associations of schools and colleges; or
	2. $750 for completing three (3) semester, or four (4) quarter units and an additional $100 for every one (1) semester or one (1) quarter units of upper division or graduate units at any school accredited by the six regional accrediting associations of schools and colleges.
	3. Job related certification(s) and/or licenses: A unit member may earn $500 for obtaining any job-related licenses and/or certification. Unit members’ requests must be approved in advance by the Director of Facilities or his/her designee. All requests must be submitted to Human Resources for final approval before the unit member begins the certification or license program and a final copy of the certificate or license must be submitted to Human Resources before payment is issued.
	4. An additional one-time benefit will be granted for degrees earned or conferred. The one-time benefit will be $1,000 for an Associate Degree, $1,500 for a Bachelor’s Degree, and $2,000 for a Master’s Degree or higher.

**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.

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Employee Signature Date

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Vice President (Managers only) Date