

Last Name

Date Form received:

Human Resources Division

Employee Relations Department

Work Location & Phone Number

Labor Relations | Compensation | Classification | Professional Development

Employee Educational Incentive Program Request for Salary Advancement

(Non-Faculty: Classified | SPAA | Management)

Employee ID

Please submit completed form with Official Transcript(s) to:

First Name

Human Resources – Compensation (Educational Incentive Program) 3375 Camino del Rio So, Suite 330, San Diego, CA 92108 or email to classifiedei@sdccd.edu.

Initials/Date:

Contract Start Date

| Select Listed | O. | reque imme I und subm | e completed 12 semest est salary advancement ediately following the sa erstand that I am curre litting the additional ur vert quarter units to ser | . I understand that atisfactory verificat ntly maxed for sala lits that I have earr mester units = quart | this salary increas ion by Human Resoury advancement p ned to my personno er units divided by 2 | e will be gran ources. er my Collect el file so that 1.5. Ex) 4 qua | nted on the first on the Bargaining Age I can save them for the rear units 1.5 = 2.6 | of the month greement or for future us | r Handbook. I am se. |
|---------------|-----------------------------|--------------------------------|---|--|--|---|--|--|-------------------------|
| | # of Units (Semester) | | Subject/ Title Course # | | Accredited (https://ope.ed.go | | ster or r/ term | HR Verified (must be grade of C or higher) | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| | _ | | Employee Signature | | | | | Date | |
| For Hui | man Resou | ırces Use | Only: | | EXCESS UNITS FO |)R FUTURE (| JSE | | |
| Effec Da | | Range Previous Step | | Previous Salary | Ne | ew Step New Salar | | ry | HR Initials |
| | | | (| \$ | | (| \$ | | |
| | | | | \$ | | |) \$ \ c | | |
| | | | | \$ | | |) \$ | | |

Date Official Transcript(s) received: