



## **Employee Educational Incentive Program** **Request for Salary Advancement**

(Non-Faculty: Classified | SPAA | Management)

**Human Resources – Compensation (Educational Incentive Program)**

**3375 Camino del Rio So, Suite 330, San Diego, CA 92108**

**or email to [classifieddei@sdccd.edu](mailto:classifieddei@sdccd.edu).**

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

Last Name	First Name	Employee ID	Contract Start Date	Work Location & Phone Number

- Select one:
- ☐ I have completed 12 semester units or 18 quarter units toward the Educational Incentive Program and hereby request salary advancement. I understand that this salary increase will be granted on the first of the month immediately following the satisfactory verification by Human Resources.
  - ☐ I understand that I am currently maxed for salary advancement per my Collective Bargaining Agreement or Handbook. I am submitting the additional units that I have earned to my personnel file so that I can save them for future use.

*Note: to convert quarter units to semester units = quarter units divided by 1.5. Ex) 4 quarter units/ 1.5= 2.67 semester units.*

**Listed below are the courses I would like to claim and are unduplicated from previous submissions:**

	# of Units (Semester)	Subject/ Course #	Title	<a href="https://ope.ed.gov/dapip/#/home">Accredited Institution</a> ( <a href="https://ope.ed.gov/dapip/#/home">https://ope.ed.gov/dapip/#/home</a> )	Semester or quarter/ term	HR Verified (must be grade of C or higher)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

\_\_\_\_\_  
Date

**For Human Resources Use Only:**

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EXCESS UNITS FOR FUTURE USE

Effective Date	Range	Previous Step	Previous Salary	New Step	New Salary	HR Initials
		( )	\$	( )	\$	
		( )	\$	( )	\$	
		( )	\$	( )	\$	

Date Form received:

Date Official Transcript(s) received:

Initials/Date: