[ ]  **1st Time Submission** [ ]  **Amended Form**

|  |  |
| --- | --- |
| **Employee Name**: | **Date:** Click or tap to enter a date. |
| **Date of Hire**: | **Have you been employed with SCTC for at least one year?** [ ]  Yes [ ]  No |
| **Current Job Title:** | **Position Type:** ☐ Faculty ☐ Staff |
| **EDUCATIONAL INFORMATION** |
| **Educational Level Required for Current SCTC Position**Choose an item. | **Current Educational Level**Choose an item. | **Educational Level Seeking**Choose an item. |
|  **Advanced Education Related to Current Position?** [ ]  Yes [ ]  No**If Yes, Provide Area of Study****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of College Attending :****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of College’s Accrediting Body:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Enrollment Date:** (MM/YY)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Anticipated Graduation Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This form is to be submitted in accordance with the Salary Adjustment for Education Procedure and must be received in the Office of Human Resources ***no later than April 30th*** in order to receive the salary increase in the following fiscal year. Salary advancements are subject to be paid based upon budget availability. The following must be attached to this form upon submission. Forms received without the required information will not be considered.

• ***A course listing from the college of choice for the degree, diploma or certificate program desired***

***• A copy of the college’s accreditation information***

***• A copy of your acceptance letter or other school documentation stating the enrollment date***

By signing this form, I understand this is an eligibility certification and not a guarantee for payment. I realize budgetary constraints may delay payment of salary adjustments beyond the stated period published in the procedures. I understand it is my responsibility to provide the required documentation.

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 Employee Signature Date

**Vice President’s Review:**

I attest that this employee is seeking an advanced degree, diploma or certification in a field of study which will enhance his/her employment at SOUTHERN CRESCENT TECHNICAL COLLEGE and qualifies for a salary adjustment upon completion.

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 Vice President Date

**FORMS PROCEDURE**: Vice Presidents – Submit completed original form to Human Resources upon signing. Do not hold until degree is complete.