



SOUTHWESTERN COMMUNITY COLLEGE DISTRICT
APPLICATION FOR EDUCATIONAL INCENTIVE PROGRAM
CSEA & CONFIDENTIALS

Employees must obtain full approval of course work or activity for participation in this program a minimum of two weeks prior to the start of the course or activity. (Any request filed with less than two (2) weeks' notice will be approved/denied at the discretion of the Human Resources Department. Sec 18.1)

Name: EID: Job Classification:

School/Department: Telephone Ext:

Description of course work or activity (If units are not granted, identify the number of interactive hours):

Course Name/Activity:

Units/Hours: (Additional material may be attached)

Semester/Term: Days/Hours:

Location/Site: Dates:

Describe how this course work or activity is related to your job responsibilities:

Is this class/activity during work hours? Yes No

(If yes, you must obtain vacation/comp time approval prior to supervisor approval)

If YES, please describe your requested adjustment.

I have obtained vacation/comp time approval from my manager/supervisor. (Only needed if Educational Incentive activity is scheduled during work hours)

I attest that the information stated above is an accurate description of the course work or other related activities that I intend to enroll in to meet the Educational Incentive Program requirements. I agree to submit verification of completed course work to the Human Resources Office upon completion of the class/activity. I understand that the above information, if misrepresented or incomplete, may be grounds for denial of this Educational Incentive application.

This is my first second third Educational Incentive

Employee's Signature: Date:

**APPROVALS**

**APPROVAL OF IMMEDIATE SUPERVISOR VICE PRESIDENT:**

**(Only required if class/activity is scheduled during work hours)**

*Approve*       *Deny*      *Supervisor's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**(Approval confirms that vacation/comp time has been discussed and approved)**

*Approve*       *Deny*      *VP's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Supervisor's Comments:**

**VP's Comments:**

**FINAL APPROVAL: Human Resources Department**

COURSE WORK APPROVED

COURSE WORK NOT APPROVED

***Human Resources Department:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

*Original-Human Resources*

*Final Copy-Employee*

*Copy – Personnel File*