

**WAKULLA COUNTY SCHOOL BOARD**

**CREDIT FOR ADVANCED DEGREE RECOMMENDATION FORM**

INSTRUCTIONS FOR PRINCIPALS/ADMINISTRATORS: Submit this form to the WCSB Human Resources office for each employee with an advance degree. Prior to completion of this form, the employee must submit to Human Resources one of the following:

District school boards may not use advanced degrees in setting a salary schedule for instructional personnel or a school administrator hired on or after July 1, 2011, unless the degree is held in the individual’s area of certification and is only a salary supplement. F.S. 1012.335. Acceptable documentation indicating the degree earned must be in the area of certification as evidenced in one of the following ways:

Teachers:

1. Florida Doe issued certificate with the master’s degree earned on certificate, or
2. Official college transcripts with conferred date clearly stating there is an “emphasis in \_\_\_\_\_,” which MUST be an area listed on the individual’s Florida DOE issued certificate, or
3. A letter on official letterhead from the university/college stating that the individual’s master’s degree has an “emphasis in \_\_\_\_\_,” which MUST be an area listed on the Florida DOE issued certificate.

Paraprofessionals:

1. Official, sealed transcript with conferred date
2. CDA/CDA Equivalent Certificate

Pay will be effective on the conferment date. The employee has three (3) months from the date of degree conferment to submit the transcripts/documentation to the Human Resources in order to receive retroactive pay. After the three (3) month period has lapsed, advanced pay will be effective the date transcripts are received or the date all required documentation has been received in the Human Resources office and there will be no retroactive pay.

RECOMMENDATION

I recommend the following employee for the Advanced Degree supplement:

Employee Name \_\_\_\_\_ EIN \_\_\_\_\_ School \_\_\_\_\_

Degree Received: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate (Check one) <input type="checkbox"/> CDA or CDA Equivalent
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DEGREE CONFIRMATION AND PAYMENT AUTHORIZATION

\_\_\_\_\_ has submitted acceptable proof of completing an advanced degree program and has been recommended by Human Resources for the advanced degree supplement. Please place this employee at the \_\_\_\_\_ level of the Salary Schedule effective \_\_\_\_\_.

\_\_\_\_\_  
Executive Director of Human Resources Signature

\_\_\_\_\_  
Date