

INCENTIVE AWARD APPLICATION  
CLASSIFIED EMPLOYEES

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Present Position ----- School \_\_\_\_\_

Courses/Workshops

I wish to complete the following listed course(s)/workshop(s) for credit toward an incentive award for the- - school year (deadline Sept. 5). The course/workshop meets the guidelines specified in the "Incentive Pay Award" plan. (Information on workshops should be attached to assist in approval of this request.)

1) Course Title \_\_\_\_\_ Units \_\_\_\_\_  
Anticipated completion date ----- School \_\_\_\_\_  
Describe relation to position held \_\_\_\_\_  
\_\_\_\_\_

2) Workshop ----- Hours \_\_\_\_\_  
Where held ----- Date \_\_\_\_\_  
Conf. (if applicable) \_\_\_\_\_  
Describe relation to position held \_\_\_\_\_  
\_\_\_\_\_

I will submit verification of completion of the workshop/course to be granted credit (prior to September 5). This form must be submitted for approval before course/workshop is taken. Coursework/workshop must be related to position held (2.3).

\_\_\_\_\_  
Signature I Date

APPROVAL:

\_\_\_\_\_  
Supervisor I Date

\_\_\_\_\_  
Classified Committee I Date

\_\_\_\_\_  
Personnel Office I Date

DIST: White - Personnel Office, Canary - Employee