



HUMAN RESOURCES

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CERTIFICATION OF DEGREE COMPLETION

Section to be completed by the College/University

This is to certify that _____ has successfully
Employee/Student Name

completed _____
Degree(s) Title

from _____
College/University

The conferral date is _____.

Instructor/Registrar/Dean Print

Signature

Title

Date

Section to be completed by Tracy Unified School District Employee

I understand that this Certification of Completion form must be submitted to the Human Resources Department by September 1st, to receive credit for the degree(s) for the current school year, and an Official Transcript must be received by the Human Resources Department prior to November 1st.

Employee Signature

Date