

# ❖ NOTICE OF INTENT

## FOR NATIONAL/STATE CERTIFICATION OR LICENSES PAY

### FOR EDUCATION SUPPORT PROFESSIONALS ONLY

TO REQUEST ADDITIONAL PAY FOR NATIONAL/STATE CERTIFICATION OR LICENSES  
FOR EDUCATION SUPPORT PROFESSIONALS

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

EMPLOYEE #: \_\_\_\_\_

School/Department: \_\_\_\_\_

Date: \_\_\_\_\_

**This form is a planning document only!** Its purpose is to advise the District of your intention to apply for additional pay for the 20\_\_\_\_ – 20\_\_\_\_ fiscal year because you hold or will attain a National/State Certificate or License that relates to your position within the District, but is **not required** for employment in your position.

*To be eligible for additional pay for approved Certificates/Licenses, this form must be **received in the Talent Management Department no later than 4:30 p.m. on JANUARY 15** for an anticipated salary increase for the next contract year.*

Please check each box indicating your understanding of these conditions.

By **JANUARY 15**, I will submit this Notice of Intent along with a copy of the applicable documentation regarding the program requirements to obtain the certificate/license, which will be reviewed by the Professional Growth Committee.

During the 20\_\_\_\_ – 20\_\_\_\_ fiscal year, I will provide proof that I have obtained the certificate/license indicated on this request which, if approved by the committee, will be eligible for additional compensation in the fiscal year following my notice of intent submission.

Name of Certificate/License held or will obtain: \_\_\_\_\_

*You are encouraged to review the National/State Certification or Licenses section of the Education Support Professionals Meet & Confer Document which outlines the criteria for this additional compensation.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date