COAST UNIFIED SCHOOL DISTRICT	Application for Professional Growth Specialty Certificate or Degree Stipend for Classified Staff Appendix C

Unit Member Name:_____ Job Title: _____ Today's Date: _____

College/Institution Attended: _____

A. A unit member may earn one of the following benefits:

1. Job related certification(s) and/or licenses annual stipend: A unit member may earn $250 for obtaining a job-related license or specialty certificate. Unit members' requests must be approved in advance by their site principal, hiring manager, or designee. All requests must be submitted to Human Resources for final approval before the unit member begins the certification or license program, and a final copy of the certificate or license must be submitted to Human Resources (HR) before payment is issued. Transcripts and/or certificate must be sent to district HR directly.

2. An annual stipend will be granted for degrees earned or conferred. The annual benefit will be $350 for an Associate Degree, $500 for a Bachelor's Degree, and $750 for a Master's Degree or higher. Transcripts must be attached.

B. Annual, ongoing benefit for certificate or degree earned (not more than one benefit can be received at any time.) I hereby apply for the following benefit (check appropriate box):

☐ License / Certificate – $250 ☐ Associate's – $350 ☐ Bachelor's - $500 ☐ Master's or higher - $750

C. If this is for a License or Specialty Certificate Stipend, please name the license or certificate: _____

How does this license or certificate support your present assignment?: _____
_____

D. To be completed prior to the start of the certificate or license program and prior to June 1 (or, if the License / Certificate has already been obtained, please note that below):
Administrative Approval: This license or certificate awarded serves the following purpose(s):
☐ *Coincides with district goals*
☐ *Provides advanced training in skills that align with the employee's current position and job description.*
☐ *Other:* _____
☐ *Title of Certificate or License:* _____ *Date Obtained:* _____
Principal / Manager's Signature _____ *Date* _____
Human Resources Signature _____ *Date* _____

I certify that:
- I have submitted an official transcript or verification of specialty certificate or degree completion.
- The units/hours were earned on my own time at no District expense.

_____ _____
Employee Signature Date

_____ _____
Superintendent's Signature Date
☐ Approved ☐ Denied and Reason for Denial: _____