

REQUEST FOR COMPENSATION FOR ADDITIONAL DEGREES, LICENSES & CERTIFICATIONS

Section A – Employee Information		
Employee Name (Last, First MI)	Employee Number	Position Title
Department	Supervisor	Date of Request
Degree, Licensure or Certification Program		Graduation/Completion Date
List any previous degrees, licenses or certifications earned		
How will the license or certification enhance your skills and benefit the County in your current role?		
Supervisor's Justification		
Section B – Review		
Employee Certification By signing this form, the employee acknowledges that the information provided is correct to the best of their knowledge.		Signature / Date
Supervisor Recommendation <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		Signature / Date
Director/Constitutional Officer/Agency Head Recommendation <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		Signature / Date
HR Recommendation <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Pay Period Start Date	Signature / Date
Section C – Approval		
County Administrator <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Pay Period Start Date	Signature / Date
Section D – HR Summary		
New Annual Pay	New Hourly Pay	Lump Sum Retroactive Pay
Section E – Finance Action		
Payroll Action		Finance Signature / Date