

EMPLOYEE REQUEST FOR ADDITIONAL KNOWLEDGE/SKILLS INCREASE

EMPLOYEE NAME (typed or printed): _____

THIS REQUEST MUST BE SUBMITTED BEFORE BEGINNING THE PROCESS OF
ACQUIRING THE ADDITIONAL KNOWLEDGE/SKILLS

In accordance with College procedure, this request must include an attachment with the
following information:

- How the new skills/knowledge gained directly relates to the job;
- How the knowledge/skills enhance the position;
- How the new knowledge/skills contribute(s) to the overall mission of the College; and
- Any efficiencies gained increased productivity increased work quality, cost savings or other quantitative measures.

Additional Knowledge/Skills to be obtained (complete appropriate section):

DEGREE

Level: _____ Anticipated Graduation Date: _____

Discipline: _____

Name of Awarding Accredited Institution: _____

CERTIFICATION

Type of certification: _____

Anticipated Completion Date: _____

Name of Awarding Institution/Board: _____

Awarding Institution/Board is: ___ National ___ Regional ___ Other

If Other, please specify: _____

REQUIRED SIGNATURES

EMPLOYEE _____ DATE _____

SUPERVISOR _____ DATE _____

VICE PRESIDENT _____ DATE _____

AVP for HUMAN RESOURCES _____ DATE _____

PRESIDENT _____ DATE _____

Received by Human Resources and Copy Placed in Personnel File:

Initials: _____ Date: _____