

CERTIFIED APPLICATION FOR HOURS ABOVE DEGREE

NAME: _____ SCHOOL/DEPT: _____
POSITION: _____ SS#: _____

This is my request to have my contract adjusted for the completion of college hours since I received my degree.

Highest Degree Earned: _____ College/University: _____

Check One:

- | | |
|--|--|
| <input type="checkbox"/> BA + 15 hours | <input type="checkbox"/> MA + 15 hours |
| <input type="checkbox"/> BA + 45 hours | <input type="checkbox"/> MA + 45 hours |
| <input type="checkbox"/> MA Degree | <input type="checkbox"/> Ed Specialist or Ed. D. |

I understand that an official transcript (fax copies are not permitted per the Internal Audit Director, Public Education Department) of my college work must be received in the Personnel Department of the Clovis Municipal Schools by **OCTOBER 1** to support my above claim.

Signature Date

For Office Use Only

This is to certify that this application has been reviewed and the following consideration given:

- | | |
|---|---|
| <input type="checkbox"/> Approved for BA + 15 hours | <input type="checkbox"/> Approved for MA + 15 hours |
| <input type="checkbox"/> Approved for BA + 45 hours | <input type="checkbox"/> Approved for MA + 45 hours |
| <input type="checkbox"/> Approved for MA degree | <input type="checkbox"/> Approved for Ed.S. or Ed. D. |

Effective School Year: _____

Signature – Executive Director of Personnel Date
Director of Personnel Services

Cc: Finance, Contract File, Employee