

## Employee Educational Achievel Preoptosal

Employees nust complete this proposal and have it approved prior to ibeing any educational program. Consult the Policies deprocedure Islanual (Policies 6,16.2, and 6.3) concerning requests for salary adjustments and requirements for reimbursement of expenses.

Name:		Date:	
Department:		<u>E</u> xt:	<u></u>
statement of ho	ational Program) Describe the inter w this program relates to your curre attach a copy of program and cou	ent positt <b>orpot</b> ential career enha	
·	uation Dat <u>e</u>		
Vice President			
President	Approved for release time/financial support, if funds are available.	If eligible, approved for a onetime5% salary increase uporompletion. Increase	Date(s)

effective January 1 oluly 1 ofdegree