



Application for Education Enhancement Change

(Administration)

School or Department: _____ Employee ID: _____

Administrator Name: _____

Position: _____

This application form must be completed and submitted with an official transcript showing proof of eligibility for an Education Enhancement change. If proof of eligibility is submitted prior to the 15th of the month, the Education Enhancement change will be effective on the 1st of the following month and reflected on the paycheck issued on the 15th of that month. Applications received after April 15th will be reflected on the next school year's contract.

A copy of this application will be returned to you verifying that your application was received by the Department of Human Resources.

I have submitted the required documents for the following:

- Master's Degree + 30 semester hours \$2,100 Stipend
- Doctorate Degree \$4,200 Stipend

Conversion Formula

Quarter hour x 2/3 = semester hour

Examples:

0.50 quarter hour = .33 semester hour

2.00 quarter hour = 1.33 semester hour

1.00 quarter hour = .67 semester hour

2.50 quarter hour = 1.67 semester hour

1.50 quarter hour = 1.00 semester hour

3.00 quarter hour = 2.00 semester hour

Employee Signature

Date

For office use only:

Number of semester hour(s) on file: _____

Salary adjustment effective date: _____

Changed from Increment Level: _____

Changed to Increment Level: _____

Contract amount changed from: _____

Contract amount changed to: _____

Charge Account: _____