

Additional Degree Approval Request for Salary Increase Consideration

Employee Name:		Date:		
ob Title: Department:				
Current Highest Degree:				
Planned Degree Program*: *Supporting Documentation is recommendation.	quired (such as program c	content/course listing)	and should be attached to this application	on.
Educational Institution atten	ding:			
Explain how this degree wil	l benefit CCCC and y	you in your current	position:	
Estimated Time to Complete	e Degree:			
Estimated Start Date: Estimated End Date:				
approved by the college Pre	sident prior to beginn eved, an official trans	ning the degree prog script reflecting con	completion that this request mus gram. Salary increases are subject apletion of the degree must be	
Employee's Signature:				
Supervisor's Signature:	V	ice President Signa	ture:	
	ing eligibility requiremen Position reviewed. how the degree will benork should not produce a	efit CCCC in the appli	cant's current position.	
Director of Human Re	sources Signature	 Date		
Approved [Not Approved			
Prosident's Signature		Date		