

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 Human Resource 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 Human Resources Date  
Director of Human Resources

Cc: Finance, Contract File, Employee