

Monterey County Office of Education

Professional Growth for Salary Advancement
OR Incentive Award Stipend Request

CERTIFICATED STAFF

PRIOR APPROVAL of units/credit to be used toward salary advancement or incentive award stipend, **MUST BE** submitted to the Department or Division Head **PRIOR** to enrolling in the course or other professional growth activity.

I hereby request approval for the professional growth course(s)/class(es) listed below for use towards:

Salary Advancement

Course credit for salary placement and movement on the salary schedule shall be given for approved post-graduate, lower division, upper division or graduate course work taken at two-year or four-year colleges, universities, or graduate schools which are accredited by a regional accrediting commission and/or approved in-service training programs, provided that the in-service training is taken at the unit members expense and on their own time. Fifteen (15) hours of approved in-service training will convert to one unit of credit for salary schedule movement purposes. Such advancement shall be effective upon the date of filing verification.

Incentive Award Stipend

Unit members are eligible for an incentive awards stipend when they have completed nine semester units of prior approved college or university coursework or continuing education units beyond MA Degree +30 units, or a BA degree +75. Payment shall be made by separate warrant on January 15 of the current school year. Each incentive awards stipend is a one-time only payment and does not affect placement on the teacher's salary schedule. Incentive award stipends may be issued no more than once every three years for any individual teacher. Evidence of completion and amount of credit earned, **MUST BE** submitted to the Human Resources Department **PRIOR TO SEPTEMBER 1** of the school year in which the stipend is to be awarded.

COURSE NUMBER	COURSE NAME OR INSERVICE/WORKSHOP TITLE	UNIVERSITY COLLEGE SPONSORING AGENCY	COURSE DATES	# OF SEMESTER UNITS OR OF INSERVICE/WORK SHOP HOURS	VERIFICATION OF COMPLETION SUBMITTED TO HR	APPROVED FOR PAYMENT HR

I have attached the appropriated course(s)/class (es) and/or inservice description, as required. Upon completion of this work, I will submit to the Human Resources Department, an official transcript certifying the date(s) of completion and amount of credit earned or number of hours attended.

Signature of Staff Member

Date Request Submitted

Department/Division Approval:

Approved

Not Approved

If not approved, state reason: _____

Department/Division Head Signature

Date