



University of Alabama System

REQUEST FOR COMPENSATION FOR ADDITIONAL DEGREES, LICENSES & CERTIFICATIONS

Section A – Employee Information		
Employee Name (Last, First)		Position/Classification Title
Department	Supervisor	Date of Request
Degree, Licensure or Certification Program		Expected Graduation/Completion Date
Accreditation Agency for the Institution issuing the Degree*, Licensure or Certification Program (*Colleges/Universities must be regionally accredited by one of the six regional accreditation agencies identified by the U.S. Department of Education)		
List any previous degrees, licenses or certifications earned. If none type "None"		
How will the degree, license or certification enhance your skills and benefit the College/University in your current role? (attach additional sheets if necessary)		
Supervisor's Justification (attach additional sheets if necessary)		
Section B – Review and Approval		
Employee Certification By signing this form, the employee acknowledges that the information provided is correct to the best of their knowledge.		Signature Date
Supervisor Recommendation/Approval By signing this form the Supervisor acknowledges that the requirements of the Compensation for Degrees Policy have been met, to include accreditation. <input type="radio"/> APPROVE <input type="radio"/> DISAPPROVE <input type="radio"/> N/A		Signature Date
Human Resources By signing this form the Human Resources acknowledges that the requirements of the Compensation for Degrees Policy have been met, to include accreditation. <input type="radio"/> APPROVE <input type="radio"/> DISAPPROVE <input type="radio"/> N/A		Signature Date
Finance and Administration By signing this form Finance and Administration acknowledges that the requirements of the Compensation for Degrees Policy have been met. <input type="radio"/> APPROVE <input type="radio"/> DISAPPROVE <input type="radio"/> N/A		Signature Date