

ACHIEVEMENT RECOGNITION PRE-APPROVAL REQUEST

Human Resources Policy 40320: Recognition for Professional and Educational Achievements

PART I: Completed by Employee
Employee's Name: Employee's ID#:
Employee Group: Classified Staff Administrative & Professional Faculty Teaching Faculty
Unit/Department:
Immediate Supervisor:
Proposed Achievement: Certification Licensure
Name of certification, licensure or degree:
Issuing authority, college or university:
Anticipated completion date:
Describe how this achievement is applicable to your current position:

Signature of Employee

Date

PART I:	Completed	by Supervisoi
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GENERAL ELIGIBILITY: (check all that apply)

- Full-time GCC employee.
- Earned while employed at GCC.
- Applicable to the employee's current position.
- Increases the employee's effectiveness in the performance of their duties.
- Adds value to agency operations.

CERTIFICATION / LICENSURE: (check all that apply)

- Has a strong reputation in the profession/industry.
- Sought by employers as a standard for employment in the particular field.
- Oral and/or written examination requirement.
- Number of hours of class time required _____
- Membership in a professional organization is a result of achievement.
- Requires continuing education to maintain or renew.
- State or federal government is the licensing agent.
- Awarded from a regionally accredited higher education institution.
- Carries such recognition that it is a recruitment and compensation factor.

DEGREE ATTAINMENT: (check if applies)

Awarded from a regionally accredited higher education institution.

INELIGIBILITY FACTORS: (check if applies)

The following factors should be considered as reason why may not be eligible for recognition achievement:

	 State or agency mandated training requirement. Employee may not continue in position without this certification. 						
	 Does not apply to employee's current position at GCC. Required as a condition of new employment at GCC. 						
	Determined to be a certification of completion for a course, class, workshop, training or professional						
	development rather than a certification.						
IMMEDIATE	SUPERVISOR:	APPROVED					
Signature				Date			
CABINET ME	MBER:	APPROVED	DENIED				
Signature				Date			

Submit completed form to GCC's Office of Human Resources.