



Application for Education Enhancement Change

(Licensed)

School or Department: _____ Employee ID: _____

Educator Name: _____

Position: _____

Education Enhancement Increment Level(s) changes shall be awarded when the Human Resources Department receives a completed Application for Education Enhancement Change form and proof of eligibility in the form of an official transcript. Proof of eligibility must be submitted prior to the last working day of the month to be effective on the 1st of the following month. Proof of eligibility received after April 15th will be reflected on the next school years contract.

A copy of this application will be returned to you verifying that your application was received by the Department of Human Resources.

Education Enhancement

To determine the educator's "Education Enhancement" Increment Level:

- Identify the educator's degree attainment from an accredited university

Bachelor's Degree	n/a
Master's Degree	+6 Increment Levels
Doctorate Degree	+6 Increment Levels
- Identify semester hours awarded after July 1, 2017, not used for the degree(s) identified above, and which are relevant to education and/or the educator's assignment.

Note: Educators with multiple degrees are also placed using the same/following criteria.

20 semester hours	+1 Increment Level
40 semester hours	+1 Increment Level
60 semester hours	+1 Increment Level
80 semester hours	+1 Increment Level

Conversion Formula

$$\text{Quarter hour} \times 2/3 = \text{semester hour}$$

Examples:

- | | |
|--|--|
| 0.50 quarter hour = .33 semester hour | 2.00 quarter hour = 1.33 semester hour |
| 1.00 quarter hour = .67 semester hour | 2.50 quarter hour = 1.67 semester hour |
| 1.50 quarter hour = 1.00 semester hour | 3.00 quarter hour = 2.00 semester hour |

Employee Signature

Date

For office use only:

Number of semester hour(s) on file: _____ Salary adjustment effective date: _____

Changed from Increment Level: _____ Changed to Increment Level: _____

Contract amount changed from: _____ Contract amount changed to: _____

Charge Account: _____