



Application for Professional Development and Educational Incentive Programs

Deadline: Completed application must be submitted to Human Resources by the first day of the MPC semester

Name _____ Date _____

Position _____ Department _____

Full-time Part-time: Indicate number of hours worked per week. _____

I am applying for (select one of more): Educational Incentive Professional Development

Complete this section for Educational Incentive

Reimbursement for college courses completed with a C or better

List courses registered for (term) _____ (year) _____ Quarter Units Semester Units

Course Number	Course Name	# of Units	HR Use Only

Complete this section for Professional Development

Reimbursement for tuition, books, and other related fees.

Up to three hours release time per week (if approved).

I have attached an educational plan that has been approved by a professional counselor or advisor.

I am planning to attend (Name of Accredited Institution) _____ to attain a(n)

Associate’s Degree Bachelor’s Degree Graduate/Post Grad Degree Certificate

List courses registered for (term) _____ (year) _____ Quarter Units Semester Units

Course Number	Course Name	# of Units

Estimated Costs for Professional Development for the term.

Tuition	\$
Books	\$
Other Related Fees	\$
Total	\$

Please note that you cannot receive reimbursement for tuition if you receive grants or scholarships

Request for Release Time for Professional Development

Approval by your supervisor is only required if requesting release time for Professional Development according to Article 6.7.

Requests for release time must be submitted 30 calendar days prior to the deadline submission date. If you are requesting release time from your regular work schedule, indicate the days and hours below.

Employees may request up to a maximum of three (3) hours per week of release time for purposes of Professional Development. Release time shall be pro-rated for part-time employees.

Day(s) of the Week : _____

Hours: From _____ AM PM To _____ AM PM

1. Immediate Supervisor's Signature _____ Date _____ Approved Denied

(If denied, the supervisor should discuss with the employee and determine if an alternate schedule is acceptable.)

2. Forward to Vice President for review.

Review by Vice President. Signature _____ Date _____

Completed application forms must be received by the Office of Human Resources by the first day of the semester as designated by the Monterey Peninsula College calendar.

For Human Resources Use Only:

Time received _____ Initials _____



Reimbursement for Professional Development & Educational Incentive Programs

Instructions: Complete this section for reimbursement for the Professional Development and Educational Incentive Programs within 60 calendar days of completion of the MPC semester. Courses must appear on your application submitted by the first day of the semester in order to be eligible for reimbursement.

Name _____ Position _____ Escape ID _____

Name of Institution Attended _____ Date _____

Reimbursement for Professional Development Educational Incentive

List courses registered for (term) _____ (year) _____ Quarter Units Semester Units

Course Number	Course Name	# of Units	HR Use Only: Check if listed on application

Official transcripts are attached for Professional Development and Educational Incentive.

Itemize receipts are attached for Professional Development. (Transcripts for eligible courses taken at Monterey Peninsula College may be unofficial, but must be embossed with the Registrar's seal.)

Tuition	\$
Books	\$
Other Related Fees	\$
Total	\$

By initialing, I acknowledge that I am not seeking reimbursement for grants and/or scholarships I received under professional development. _____

For Human Resources use only:

Place date stamp of receipt of completed form here. Date received _____ Initials _____

Indicate % of reimbursement, if pro-rated for part-time, i.e. 19.5 hours per week equals 49%. _____

Indicate if only a % of the costs will be reimbursed proportionate to the remaining funds according to Section 6.3.1.2.

Previous amount paid (within same fiscal year) _____ Summer _____ Fall _____

Total amount available to be paid _____

HR Review Initial _____ Date _____ Amount of Reimbursement Authorized _____

Administrator Review _____ Date _____

Fiscal Services _____ Date _____

Budget # _____