

# EDUCATIONAL SUPPLEMENT REQUEST FORM

In order to receive the full educational supplement, this form and verification must be received in the Human Resources before the contract year begins. Any request after the school year begins will be pro-rated based on the date the form and verification is received.

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Assignment: \_\_\_\_\_

I am requesting an educational supplement for: (✓ Check One)

Bachelor's Degree + 15 semester graduate hours (must be in a Master's Program)

Master's Degree

National Teacher Certification

National Nurse Certification

National School Psychology Certification

Doctorate

Para-pro Assessment

Please provide one of the following: official transcript, letter from university stating all Master's/Doctoral requirements have been met or online transcript indicating program and completed coursework if official transcripts will not be available until a later date.

\*\*\*\*\**For Human Resources Office Use Only*\*\*\*\*\*

Date received in Human Resources \_\_\_\_\_ by \_\_\_\_\_