

MIRACOSTA COMMUNITY COLLEGE DISTRICT CAREER INCENTIVE PROGRAM APPLICATION

*NOTE: Transcripts for all prior coursework must be submitted with **each** application. If applicable, the Ed Plan is to be attached as well.*

APPLICANT NAME: (First) _____ (M.I.): _____ (Last): _____

MAIL STATION: _____ EXTENSION: _____ POSITION TITLE: _____

DEPARTMENT: _____

DEGREE(S) HELD: Associate Baccalaureate Masters Doctorate

Are you currently working on a degree program? yes no If so, what level? _____

For indicated term: Fall Spring Summer 20____, the following course(s)/workshop(s)/seminar(s) will be taken to begin or continue participation within a Career Incentive Program (NOTE: all courses may be submitted for the entire five-year program if desired.) Complete one section below for **each** course.

1	Institution/School or Workshop/Conference	Course #	Course Title	Course units/hours	Dates (Start/End)
<input type="checkbox"/>	<i>Complete one of the following: Job Related or Career Development:</i>				
	Job Related (explain how this course will provide/develop skills or knowledge useful in your current position and how it will benefit the District.) Summary: _____				

<input type="checkbox"/>	Career Development (indicate aspired District position(s) _____ and summarize how this course will help you achieve your career goal/position objective. Also explain how it will benefit the District. An Education Plan must accompany this application.) Summary: _____				

2	Institution/School or Workshop/Conference	Course #	Course Title	Course units/hours	Dates (Start/End)
<input type="checkbox"/>	<i>Complete one of the following: Job Related or Career Development:</i>				
	Job Related (explain how this course will provide/develop skills or knowledge useful in your current position and how it will benefit the District.) Summary: _____				

<input type="checkbox"/>	Career Development (indicate aspired District position(s) _____ and summarize how this course will help you achieve your career goal/position objective. Also explain how it will benefit the District. An Education Plan must accompany this application.) Summary: _____				

3	Institution/School or Workshop/Conference	Course #	Course Title	Course units/hours	Dates (Start/End)
<input type="checkbox"/>	<i>Complete one of the following: Job Related or Career Development:</i>				
	Job Related (explain how this course will provide/develop skills or knowledge useful in your current position and how it will benefit the District.) Summary: _____				

Career Development (indicate aspired District position(s) _____ and summarize how this course will help you achieve your career goal/position objective. Also explain how it will benefit the District. An Education Plan must accompany this application.
Summary: _____

4	Institution/School or Workshop/Conference	Course #	Course Title	Course units/hours	Dates (Start/End)
<i>Complete one of the following: Job Related or Career Development:</i>					
<input type="checkbox"/>	Job Related (explain how this course will provide/develop skills or knowledge useful in your current position and how it will benefit the District.) Summary: _____ _____				
<input type="checkbox"/>	Career Development (indicate aspired District position(s) _____ and summarize how this course will help you achieve your career goal/position objective. Also explain how it will benefit the District. An Education Plan must accompany this application. Summary: _____ _____				

5	Institution/School or Workshop/Conference	Course #	Course Title	Course units/hours	Dates (Start/End)
<i>Complete one of the following: Job Related or Career Development:</i>					
<input type="checkbox"/>	Job Related (explain how this course will provide/develop skills or knowledge useful in your current position and how it will benefit the District.) Summary: _____ _____				
<input type="checkbox"/>	Career Development (indicate aspired District position(s) _____ and summarize how this course will help you achieve your career goal/position objective. Also explain how it will benefit the District. An Education Plan must accompany this application. Summary: _____ _____				

APPLICANT Signature: _____ Date: _____

SUPERVISOR APPROVAL

The course(s) are are not Job Related/Career Development.

Print Name: _____ Signature: _____ Date: _____

If job related, please explain how course(s) is relevant to employee's current position: _____

COMMITTEE USE

Completion of probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transcripts received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Ed Plan received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
Program: <input type="checkbox"/> 1 of 3 <input type="checkbox"/> 2 of 3 <input type="checkbox"/> 3 of 3; must be completed by (date): _____		Units completed to date: _____
Program completed? (date): _____	Final transcripts rec'd? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary increase effective date: _____