

GROWTH INCENTIVE APPLICATION

(RETURN TO HUMAN RESOURCES NO LATER THAN 10 DAYS PROR TO THE START OF THE CLASS)

Name: _____ Banner ID#: _____

Job Title: _____ Extension: _____

Location: ☐ WVC ☐ MC ☐ DIST

Type of Study: ☐ College Course ☐ Adult Ed/Vocational ☐ Workshop ☐ Conference
(One per application) ☐ Professional Class ☐ Other: _____

(A transcript, grade card, or completion certificate must be submitted after completion. Must rate 'C' or higher for credit courses.)

a. Course/Study (attach course/study description to application document):

1. Course Name: _____
2. College Name: _____ Units/Hours: _____
3. Date course will be taken? _____ ☐ Semester ☐ Quarter ☐ CEU

b. Course/ Study (attach course/study description to application document):

1. Course Name: _____
2. College Name: _____ Units/Hours: _____
3. Date course will be taken? _____ ☐ Semester ☐ Quarter ☐ CEU

c. Course/ Study (attach course/study description to application document):

1. Course Name: _____
2. College Name: _____ Units/Hours: _____
3. Date course will be taken? _____ ☐ Semester ☐ Quarter ☐ CEU

d. Course/ Study (attach course/study description to application document):

1. Course Name: _____
2. College Name: _____ Units/Hours: _____
3. Date course will be taken? _____ ☐ Semester ☐ Quarter ☐ CEU

e. Course/ Study (attach course/study description to application document):

1. Course Name: _____
2. College Name: _____ Units/Hours: _____
3. Date course will be taken? _____ ☐ Semester ☐ Quarter ☐ CEU

f. Other (attach description to application document, if available):

1. Explain project(s) in detail: _____

Explain how these studies will benefit you in your job performance.

***Employee must satisfactorily complete their probationary period to be eligible to apply.
Credit will not be given for courses for which the District pays employee's expenses.
Employee must complete the classes on their own time.***

_____ I confirm that I have satisfactorily completed my probationary period.
Initial

_____ I confirm that WVMCCD did not pay me nor pay for my tuition/fees to attend any of the above studies.
Initial

_____ I confirm that WVMCCD (or related funding source), did not reimburse me for any of the above studies.
Initial

_____ I confirm that I did not attend any of the above studies during my regular work schedule.
Initial

Date: _____ Applicant Signature: _____

HR/rsj/11.04.24

(Please send completed form to Administrative or Classified Specialist for review. The approval signature will be obtained by HR Specialist. The Vice Chancellor will not sign until this form has been reviewed for compliance.)

HUMAN RESOURCES APPROVAL:

Date: _____ Vice Chancellor/Designee: _____