

**PROFESSIONAL DEVELOPMENT PLAN  
(CLASSIFIED EMPLOYEES)**



Name		Employee ID
Title	Department	
Educational Degree Program to be completed:		
Estimated Begin Date:	Estimated Completion Date:	

**Statement of Educational Purpose**

Please describe your educational and career goals, relating how your current educational program will enhance your job performance, understanding and/or skills.

*I attest that this is my first degree in this classification and also understand the payment of an educational bonus is subject to availability of funds by the institution. I have read and acknowledge the Professional Development policy.*

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### ADMINISTRATIVE APPROVALS

**To Be Completed by Department Head:**

Please relate how this performance development plan will enhance the employee's current job performance, understanding and/or skills.

I  Support  Do Not Support this Professional Development Plan and attest that the degree is relevant to the employee's current position.

Department Head	Date
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I  Support  Do Not Support this Professional Development Plan.

Vice Chancellor	Date
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**For HR Use Only**

<u>Approval Processing:</u>	Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Current Salary:	Award Amount:	
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Assistant VC for Human Resources
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<u>Payment Processing:</u>	Payment Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Assistant VC for Human Resources
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Vice Chancellor for Finance and Administration
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I attest that the degree sought is not a special requirement or minimum qualification for the classification by the official class specification. I further attest that there is no record that the employee previously obtained the same classification of degree prior to or while an employee of ASU, nor have they been awarded a bonus for the same degree classification.

Human Resources Representative	Date
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