PROFESSIONAL DEVELOPMENT PLAN (NON-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 understanding and/or skills.	your current educati	ional program will enhance your job performance,		
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 Non-Classified 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 P	rofessional Development Plan and attest that	the degree is relevant to the employee's cu	rrent position.	
Department Head			Date	
☐ Support ☐ Do Not Support this F	rofessional Development Plan.		12:	
Vice Chancellor			Date	
For HR Use Only				
Approval Processing:	Non-Classified Status Confirmed:	Application Approved:		
	□Yes □No	□Yes □No		
Current Salary:	Award Amount:			
Line Item Max:	Current Salary + Award:			
Assistant VC for Human Resources				
Assistant ve for Human Resources				
Payment Processing:	Payment Approved: ☐Yes ☐No			
<u> </u>	- Lay			
Assistant VC for Human Resources				
Vice Chancellor for Finance and Administration				
	ecial requirement or minimum qualification for			
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	U	Date		