

**SUPPORT STAFF CONTINUING EDUCATION
CLASSIFIED COMPENSATION PLAN**
Application For Participation

NAME: _____ DATE: _____

CURRENT JOB POSITION: _____

NAME OF PROPOSED PLAN: _____

Beginning Date of Project: _____ Expected Completion Date: _____

EXPLANATION OF PROPOSED PLAN: _____

SKILL(S) WHICH THIS PLAN WOULD IMPROVE OR ENHANCE: _____

SUPERVISOR COMMENTS OF SUPPORT: _____

MONETARY EXPECTATION: _____

EMPLOYEE SIGNATURE

DATE

PRINCIPAL / SUPERVISOR SIGNATURE

DATE

SUPERINTENDENT SIGNATURE

DATE

COMMENTS: _____

