OVERVIEW

Per WSU Administrative Services Guideline Financial Awards for College Degrees and Professional Credentials, employees must discuss their plans to attain college degrees and professional credentials with department leadership before undertaking any actions if a financial award is desired upon completion or if Degree/Credential Completion Assistance is desired. This form is a Planning Agreement that will guide the individual and his/her supervisor in administering this guideline (see Appendix A). Adjustments to development activities or goals, or employee transfer between departments may necessitate completion of a new Planning Agreement. Financial awards for college degrees and professional credentials is restricted to .75 or more salaried employees. Hourly employees may be rewarded with spot awards.

SECTION 1, To be completed by Employee:

Define below the development activity/goal to be pursued (examples include Bachelor’s degree, certification with a professional organization, etc.). Be specific in defining what your goal is and when you intend to achieve that goal:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Financial Award or Assistance Desired

Check one:

☐ Financial Award in the amount mutually agreed upon below upon completion of all requirements defined in this agreement.

☐ Degree/Credential Completion Assistance in the amount mutually agreed upon below and subject to the conditions and requirements specified. (Financial assistance may not be used to pay for lodging, transportation, or meals, or anything that can be returned after completion of the specified program.)
SECTION 2, To be completed by the Department Head or as delegated and after discussion of
development activity/goal with the Employee:

This development activity/goal is:

Check one:

☐ Career Path -- Planned future steps in the progression of an employee's profession or field of work at
Weber State University.

☐ Non-Career Path -- Planned future steps that are not consistent with the progression of an employee's
profession or field of work at Weber State University.

Explain how this will benefit the university if this is career path:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Check one:

☐ Is a college degree or college certificate that meets Tier 1 criteria.

☐ Is a professional certification and/or license program that meets Tier 2 criteria.

☐ Is a departmental directed professional development program that meets Tier 3 criteria.

☐ Is NOT a college degree/certificate or Tier 1, 2 or 3 Credential. (If this box is checked, then sign this form
on the last page.)

NOTE: Credentials or certifications that don't meet the criteria noted in Tiers 1, 2 or 3 may be
recognized by the supervisor through a Spot Award.

Check one:

☐ The individual’s request meets a specific departmental need.

☐ The individual’s request does NOT meet a specific departmental need.

Check one:

☐ The individual’s PREPs reflect satisfactory performance.

☐ The individual’s PREPs DO NOT reflect satisfactory performance.
Check one:

☐ The individual’s length of service at the University is:
  ☐ at least six months (for a certificate)
  ☐ at least one year for a degree or
  ☐ meets the requirements as defined by the Department.

☐ The individual’s length of service is NOT adequate.

This request:

Check one:

☐ Is approved in the amount of $___________ as described below (include specifics, i.e., C or better grade is required; successful completion of certification is required; timeframe for completion; etc.):

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

☐ Is NOT approved (include specifics regarding the denial):

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signatures of Agreement

__________________________________________     ______________________________
Employee                                                              Date

__________________________________________     ______________________________
Department Head                                                   Date