



SANTA BARBARA CITY COLLEGE
PROFESSIONAL GROWTH INCENTIVE PROGRAM
EMPLOYEE INCREMENT WORKSHEET

Please record UNITS on the front page and HOURS on the back page.

Employee Name: _____
(Please print)

Date: _____

Title: _____

Increment Requested: 1 2 3 4 5 6 7 8 (circle one)

Department: _____

Due: April **or** October (circle one)

NOTE: Employee must attach to this form: Verification of Attendance form(s) / transcripts; Certificates of Completion, copies of class or seminar agendas, etc. All pages must be labeled with an exhibit letter.
Incomplete application packets will be returned to the employee. The Professional Growth Review Committee can only consider complete packets.

Please print clearly in ink (DO NOT use pencil).

To Be Completed by Employee - Record UNITS on this side only. (1 Credit Unit = 1 Point)					
Date	Class / Activity	# of Units	Verification (transcript, certificate, letter, card)	Exhibit Letter *	Verified by HR

Total # of units: _____

* Exhibit Letter - For the convenience of the Review Committee, supporting documentation must include an exhibit letter.

(One SEMESTER unit equals one increment point. One QUARTER unit equals 2/3 increment point)

This request has been evaluated by:

Name: _____

Date: _____

Name: _____

Date: _____

For Human Resources use ONLY:

Points carried over from previous increment application: _____

Points carried over from UNITS of this application: _____

Points carried over from HOURS of this application: _____

Total points approved: _____

If points are > 12, the next increment is granted. _____

Increment(s) granted: _____

Points to be carried over to next application: _____

B-1

July 2013

Please print clearly in ink (DO NOT use pencil).

To Be Completed by Employee - Record HOURS on this side only. (16 non-credit Hours = 1 point)					
Date	Class / Activity	# of Hours	Verification (transcript, certificate, letter, card)	Exhibit Letter *	Verified by HR

Total # of hours to be divided by 16: Hrs. ____ / 16 = ____ Points

* Exhibit Letter - For the convenience of the Review Committee, supporting documentation must include an exhibit letter.

District Orientation = 1 point - one time only

CPR Certificate

If certification is completed and used as a part of the first increment, one (1) point will be awarded.

If certification is completed as a part of increments two (2) or higher, credit will be given for CPR based upon total number of hours of instruction.

CPR re-certification is based upon total number of hours of instruction.

Credit courses MUST be taken at an accredited college, community college or recognized trade school.

An official transcript must verify college credit coursework. An unofficial transcript is acceptable for SBCC courses.

A maximum of two (2) PE credits will be approved.

One SEMESTER unit equals one increment point. One QUARTER unit is equal to 2/3 increment point.
(E.g. 3 quarter units = $3 \times 2 / 3 = 2$ points)

Work experience (290) courses DO NOT count for professional growth.

Unless otherwise verified, six (6) hours is the maximum number of hours per day that will be approved.

Courses may not be repeated for professional growth credit unless permission is obtained in advance. This does not apply to CPR re-certification courses for which credit will be given.