

**EARNED DEGREE**  
**CAREER DEVELOPMENT PLAN REQUEST FORM**

**EMPLOYEE NAME:**  **EMPL ID:**

**DATE SUBMITTED:**  **DATE OF HIRE:**

1. PLEASE DESCRIBE YOUR PROPOSED DEVELOPMENT PLAN IN TERMS OF THE **DEGREE OR CERTIFICATE**.

(Example: I will pursue a Master's Degree program in Computer Science **OR** I will pursue a certificate in Office Systems Technology).

2. HOW WILL THE PLAN ENHANCE YOUR ABILITIES AND CONTRIBUTE TO YOUR DEVELOPMENT?

(Note: This does not necessarily have to be related to your current job).

**GUIDELINES:**

(For complete details please refer to Policy 961 and procedures for Policy 961)

- A. Employees with at least one year of experience in Board-established positions shall be eligible to enroll in a Career Development Plan.
- B. Eligible employee must file a written career development plan with his/her supervisor. The written plan must be signed/approved by the supervisor, department administrator, and sent to the employee's personnel file in the Human Resources Office.
- C. Only one award level can be earned by an employee, and an employee cannot earn an award for a lower level certificate and/or degree if the employee has already received an award for a higher level degree.
- D. Employees must register for College of Lake County courses or other educational resources offered at the College (if available) prior to attending courses from other sources
- E. It shall be the responsibility of the employee to file a timely application for a career development award by completing the required career development form and providing supporting documentation. Documents used to support completion shall be limited to official transcripts or Certification confirming the certificate or degree earned.

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**EMPLOYEE SIGNATURE:**

I have read and understand the policy and procedures pertaining to this benefit.

Signature: \_\_\_\_\_

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

**IMMEDIATE SUPERVISOR'S SIGNATURE:**

I approve this development plan.

Signature: \_\_\_\_\_

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

**ADMINISTRATIVE SUPERVISOR'S SIGNATURE:**

I approve this development plan.

Signature: \_\_\_\_\_

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