

Addendum B



**Classified Staff
Clock Hours Earned Schedule for
Salary Advancement**
Submit to the **Human Resources Office**
Revised May 2018

Name _____ Building _____ Date _____

The Superintendent or his/her designee will determine if coursework, conference or training opportunity qualifies for this extra pay incentive. Clock hours are figured dependent upon categories below. A maximum of twenty (20) hours may be considered toward the next contract year. Earned twenty (20) hours of approved coursework, conference or training opportunity is required to earn a twenty-six cent per hour raise. Hours exceeding twenty (20) in number will be carried over for a maximum of 5 years. **This form must be filled out completely with supporting MCSD certificate(s) or college transcript(s) for each coursework, conference or training opportunity listed. Non-district issued certificates must have a copy of the signed district pre-approval attached.** If carry-over hours are used, you must submit a copy of the previous years signed approval sheet. **Your Supervisor's signature is required prior to submitting.**

Category	Clock Hour %
1. District pays fees and employee attends on own time	100%
2. Employee pays fees and employee attends on own time	100%
3. District pays fees and employee attends on district time	0%
4. Employee pays for college credit and attends on own time	100%
5. Employee pays fees and attends on district time.....	0%
6. No fee required and employee attends on own time.....	100%
7. No fee required and employee attends on district time.....	0%

Previously Approved Hours Carried Over _____

Coursework, Conference, Training Opportunity Attended	Date(s)	Place	Category 1-7	Clock Hours	Hours Earned

Total Hours _____

This form must be returned to the Human Resources Office for any applicable salary increase. All hours must be submitted by **January 15th** to be considered for the following year's salary advancement, pending negotiations.

Supervisor Signature _____ Date _____

----- **Central Office Approval Below** -----

Total Approved Hours _____ (Carry Over Year 1 2 3 4 5) Hours Carried Over _____

Authorized Signature _____ Date _____