



# ASSOCIATION OF CLASSIFIED EXEMPT STAFF

## PROFESSIONAL DEVELOPMENT PAID EDUCATIONAL LEAVE APPLICATION

(PLEASE TYPE OR PRINT)

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL FIRST ID NUMBER

Position Control No. \_\_\_\_\_ TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

1. ARE YOU A CLASSIFIED EXEMPT EMPLOYEE WHO HAS BEEN A REGULAR FULL-TIME EMPLOYEE FOR PIMA COMMUNITY COLLEGE FOR FIVE (5) CONSECUTIVE YEARS:  
\_\_\_\_ YES      \_\_\_\_ NO      NOTE: IF NO, DO NOT CONTINUE AS ONLY CLASSIFIED EXEMPT EMPLOYEES WHO MEET THIS TEST MAY APPLY. PAID EDUCATION LEAVE PROGRAM §500:  
ELIGIBILITY ¶1

2. HAVE YOU BEEN GRANTED PAID EDUCATIONAL LEAVE PRIOR TO THIS APPLICATION:  
\_\_\_\_ NO      THIS IS MY FIRST AND TO DATE ONLY APPLICATION FOR PAID EDUCATIONAL LEAVE.  
\_\_\_\_ YES      IF YES, COMPLETE THE FOLLOWING:  
\_\_\_\_ MONTHS GRANTED \_\_\_\_\_ TO COMPLETE \_\_\_\_\_ DEGREE  
\_\_\_\_ MONTHS GRANTED \_\_\_\_\_ TO COMPLETE \_\_\_\_\_ DEGREE  
\_\_\_\_ MONTHS GRANTED \_\_\_\_\_ TO COMPLETE \_\_\_\_\_ DEGREE

\_\_\_\_ TOTAL MONTHS GRANTED      NOTE: IF TOTAL MONTHS GRANTED IS TWELVE (12) OR YOU ARE MAKING APPLICATION TO COMPLETE A DEGREE FOR WHICH YOU PREVIOUSLY HAVE BEEN GRANTED PAID EDUCATIONAL LEAVE, DO NOT CONTINUE PER PAID EDUCATION LEAVE PROGRAM §600: GENERAL ¶1

3. I HEREBY MAKE APPLICATION FOR \_\_\_\_\_ MONTHS OF ACES PROFESSIONAL DEVELOPMENT PAID EDUCATIONAL LEAVE (Amount Not to Exceed FOUR Months OR Limited to Less Than Four Months Such That Total of Previously Granted Paid Educational Leave and Application Amount Do Not Exceed TWELVE Months) TO COMPLETE MY \_\_\_\_\_ DEGREE (For Which I Have Not Previously Been Granted Paid Educational Leave) FROM THE FOLLOWING ACCREDITED INSTITUTION

\_\_\_\_\_. MY SEMESTER/TERM BEGINS \_\_\_\_/\_\_\_\_/\_\_\_\_

AND I EXPECT TO OBTAIN MY DEGREE BY/ON \_\_\_\_/\_\_\_\_/\_\_\_\_.

CONTINUE ON NEXT PAGE

4. EXPLAIN THE RELATIONSHIP OF THE DEGREE/CERTIFICATION BEING SOUGHT TO YOUR CURRENT EMPLOYMENT OR TO ANOTHER CAREER GOAL:

I, THE UNDERSIGNED APPLICANT, DO HEREBY ATTEST THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF I RECEIVE AN ACES PROFESSIONAL DEVELOPMENT PAID EDUCATION LEAVE, I AGREE TO ABIDE BY THE RETURN TO WORK AND NOTIFICATION REQUIREMENTS OUTLINED IN §600.2 ¶2 & §600.3 OF THE ACES PROFESSIONAL DEVELOPMENT PAID EDUCATIONAL LEAVE PROGRAM.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

I, THE UNDERSIGNED SUPERVISOR, DO HEREBY SUPPORT THIS APPLICATION AND GRANT PERMISSION FOR THE LEAVE, COVERAGE FOR THIS EMPLOYEE'S RESPONSIBILITIES HAS BEEN EVALUATED AS A COMPONENT OF THIS APPROVAL.

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE DATE

I, THE UNDERSIGNED ADMINISTRATOR, DO HEREBY SUPPORT THIS APPLICATION AND GRANT PERMISSION FOR THE LEAVE. COVERAGE HAS BEEN DISCUSSED WITH THIS EMPLOYEE'S SUPERVISOR AS A COMPONENT OF THIS APPROVAL.

\_\_\_\_\_  
CAMPUS PRESIDENT OR CHIEF HUMAN RESOURCES OFFICER DATE  
SIGNATURE

NOTE: Applicant to FORWARD Fully Completed & Signed Application with copy of completed Degree Program Sheet to the Chair of the ACES Professional Development Work Group/ACES Treasurer for presentation to and review by the Work Group.

KEY DEADLINES FOR RECIPIENTS OF ASSOCIATION OF CLASSIFIED EXEMPT STAFF (ACES)  
**PROFESSIONAL DEVELOPMENT WORK GROUP:**

**Within thirty (30) days of the semester/term start date,** employee must provide written notification and verification of enrollment in the stated degree program to the Chief Human Resources Officer and the Work Group Chair.

**Within sixty (60) days upon return to work,** employee must submit written evidence that the degree program has been completed to the employee's Campus President or Chief Human Resources Officer and the Work Group Chair.