



ACHIEVEMENT RECOGNITION PAYMENT AUTHORIZATION

Human Resources Policy 40320: Recognition for Professional and Educational Achievements

Employee's Name: _____ Employee's ID#: _____

Employee Group: Classified Staff Administrative & Professional Faculty Teaching Faculty

Unit/Department: _____

Immediate Supervisor: _____

Recognition Type: Certification Licensure
 Associate's Degree Bachelor's Degree Master's Degree Doctorate

Attach required documentation: Copy of Certification or Licensure Transcript of Earned Degree

Signature of Employee

Date

Signature of Immediate Supervisor

Date

Signature of Cabinet Member

Date

Submit completed form to GCC's Office of Human Resources.



Generalist: _____

Date: _____

Pre-Approval Received? YES NO

Eligibility Confirmed? YES NO

Amount: \$ _____ Add to Base Pay Lump-Sum Payment

Payroll: _____

Date: _____

Payment Issue Date: _____