



REQUEST FOR CERTIFICATION PAY

Employee Name

Job Title

Certification/Grade/License Required for Job
****Not eligible for certification pay****

Certification/Grade/License
Desired for job

Current Certification / Grade
Or License

Certificate #

Expiration Date

Other Certification / Grade
Or License

Certificate #

Expiration Date

Other Certification / Grade
Or License

Certificate #

Expiration Date

**** Please attach copies of all certification/licenses indicated above. ****

I certify that all the information provided above is true and accurate.

Employee Signature

Date

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### APPROVALS

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Manager

\_\_\_\_\_  
Date

|                                 |                                     |
|---------------------------------|-------------------------------------|
| <b>Human Resources Use Only</b> |                                     |
| Date Received: _____            | Human Resources Administrator _____ |