

**KALISPELL PUBLIC SCHOOLS
ENVIRONMENTAL SERVICES
EDUCATION/CERTIFICATION/LICENSE PAY REQUEST**

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE FACILITIES AND TRANSPORTATION DIRECTOR FOR APPROVAL

EDUCATION/CERTIFICATION/LICENSE (ECL) PAY

A non-probationary employee who receives written pre-approval from the Director of Facilities and Transportation shall receive an additional \$0.25 per hour for receiving and maintaining an authorized certification/license in an area directly related to the employee's job duties. This does not apply to certification that is required as a condition of employment or training received on the job. An employee may be approved to receive ECL compensation once every two years.

Part 1 – Employee Information (Employee Completion)

Employee Name:

Job Title:

Location:

Title of Training, Education or Certification:

Description of Course:

How would the training be beneficial and applicable to job?

Start Date/End Date of Course:

Is the course outside of your work hours? Yes No

Is there a recertification requirement? Yes No **If so, how often:**

If approved, I understand that it is my responsibility to provide the appropriate documentation as proof of completion in order for the ECL pay to be implemented according to the terms dictated. If my certification expires or is invalidated during the fiscal year it is my responsibility to provide the renewed certification or notice to the F&T Director. ECL pay will not be issued if certification is not current or valid.

Employee Signature

Date

Part 2 – Review (Employer Completion)

After completion of this form submit as below:

Environmental Services Supervisor: _____ **Date:** _____

Comments:

Facilities & Trans. Director: _____ **Date:** _____

Comments:

Part 3 – Approval /Disapproval (Employer Completion)

Approved Disapproved

Return copy to Employee

Part 4 – Employee Submission of ECL Documentation (Employee Completion)

Attach ECL documentation which demonstrates completion according to designated terms and submit to Environmental Services Supervisor.

Employee Signature: _____

Date: _____

Part 5 – Employer Approval for Pay (Employer Completion)

The listed employee is approved for ECL pay for 12 months effective on date: **July 1,**

F&T Director Signature: _____

Date: _____

Human Resources: _____

Date: _____

Payroll: _____

Date: _____