

Application for Educational Differential

Employee Name: _____

Employee ID# _____ Department: _____

Title: _____ Position (PSB) # _____

Degree Obtained: Bachelor's Master's Doctorate

Discipline: _____

Please explain how the education will be beneficial to the duties and functions of the position (if applicable):

By signing below, I attest that the following statements are true and accurate:

- I am currently appointed as a staff member of the University of Arkansas, Fayetteville.
- The degree I obtained is not included as a minimum or special requirement for my position.
- I have attached an official transcript for the conferred degree.

Employee Signature

Date

APPROVED: Please apply a salary differential as follows:

Classified employee in the amount of :
_____ % to this employee's salary effective the first of the following month. (Not to exceed the lesser of 6% or \$6,000)

Non-classified employee in the amount of :
One-time lump sum bonus of _____ % of base salary; see exclusions/limitations (Not to exceed the lesser of 6% or \$6,000)

Supervisor Signature

Date

Department Head Signature

Date

Submit form to: Katherine Kimmerly via email to kkimmerl@uark.edu or fax to: 479-575-6971