Application for Educational Differential Fayetteville Policies and Procedures 420.0

Employee Name:					
Employee ID#		Department: _			
Title:			Position (PSB) #		
Degree Obtained:	Bachelor's	Master's	Doctorate		
Discipline:					<u>—</u>
•			he duties and function	-	· • • • • • • • • • • • • • • • • • • •
					<u> </u>
By signing below, I	attest that the foll	owing statements	are true and accurate	e:	
• The degree I of		ıded as a minimu	University of Arkans m or special requiren red degree.		n.
Employee Signature				Date	
APPROVED: Please	apply a salary diffe	erential as follows:			
Employee in the amo	unt of:				
One-time lump sum to of 6% or \$6,000)	oonus of: % of	base salary; see ex	clusions/limitations (n	ot to exceed the less	er
Supervisor Signature			Date	e	
Department Head Sig	nature		Date	 e	
Submit form to: Hum	nan Resources via e	mail to hree@uark	edu or fax to: 479-575	i_6971	