



Justification Report

Name of Employee: _____ Campus: _____ Anticipated start date: ___/___/___

Division: Business Studies General Education Health Studies Technical Studies Status: Full time Part time Sub

List each license, certificate, licensure, degree or other on a separate line.

REQUIREMENT			COLLEGE OR ORGANIZATION	ACTION PLAN		
				Start Date	Plan for Completion	Estimated Completion
DEGREE	<input type="checkbox"/> A.S. or <input type="checkbox"/> A.A.	<input type="checkbox"/> B.S. or <input type="checkbox"/> B.A.				
MAJOR						
CERTIFICATION						
LICENSURE						
OTHER						

I agree to meet the requirements as listed above: _____ /___/___
 Instructor Date

Terms and Conditions: Approved Denied _____ /___/___
 Academic Dean Date

Terms and Conditions: Approved Denied _____ /___/___
 Director of Instruction Date

Original Approved JR w/ New Hire Paperwork: Human Resources Dept. **Copy:** Employee