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**Degree Attainment Bonus Application**

Administrative & Professional Faculty and full-time Classified Staff who are eligible for a degree attainment bonus in accordance with Policy [1408](https://www.jmu.edu/JMUpolicy/policies/1408.shtml) must complete this form and submit it, along with official transcripts and any other required documentation, to their supervisors within three months of degree attainment.

Employee Name: Click or tap here to enter text. Employee Title: Click or tap here to enter text.

Employee Number: Click or tap here to enter text. Position Number: Click or tap here to enter text.

Division: Click or tap here to enter text. Department: Click or tap here to enter text.

Employee Contact Phone: Click or tap here to enter text. Employee MSC: Click or tap here to enter text.

Supervisor: Click or tap here to enter text. Supervisor Title: Click or tap here to enter text.

Supervisor Contact Phone: Click or tap here to enter text. Supervisor MSC: Click or tap here to enter text.

**Degree Completed:**  Associate Bachelor Master’s Doctoral

**Major/Concentration:** Click or tap here to enter text.

**Institution(s) Attended:** Click or tap here to enter text.

**Institution(s) Address:** Click or tap here to enter text.

**Dates of Attendance: Years Attended:** Click or tap here to enter text. **First Semester (month and year):** Click or tap here to enter text. **Last Semester (month and year):** Click or tap here to enter text.

**Date of Graduation:** Click or tap here to enter text.

**Note:** ***Original transcripts from all institutions attended must be submitted to the Academic Accreditation Coordinator at MSC 7503 or via email at*** [***facultycredentials@jmu.edu***](mailto:facultycredentials@jmu.edu)***.***

**Note:** ***Once all signatures have been obtained on this form, a supplemental pay ePAR for the bonus must be submitted with this form attached.***

***Additional materials may be required by your division. Consult your supervisor for details.***

Employee Signature: Date:

Supervisor Signature: Date:

Division Vice President Signature: Date: