Please Print

Life-Long Learning Plan
to Establish
Eligibility for Non-Affiliated, Non-Cumulative Life-Long Learning Payment

Name:		Date:
Supervisor:	Eligibility Date:	Hire Date:

Plan Application for:

- ☐ **Five (5) Years of Service**
- ☐ **Ten (10) Years of Service**
- ☐ **Fifteen (15) Years of Service**

Section 1: Life-Long Learning Plan
(Please refer to agreement in the Non-Affiliated Manual)

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Life-Long Learning Plan Approved:

Supervisor: _____ **Approval Date: _____**

Date Received by Superintendent's Office: _____

Superintendent: _____ **Approval Date: _____**

Attach copies of transcripts or CEU records.

LIFE-LONG LEARNING/LONGEVITY

SUBMIT THIS FORM BY JUNE 30 OF QUALFYING YEAR

NAME:	**HIRE DATE:**

In the spaces below, please provide complete information on the CEUs/SCECHs/COLLEGE credit earned to satisfy the continuing education requirement.

3 SB-CEUs = 1 Semester Hour (6 SEMESTER HOURS REQUIRED) **25 SCECHs = 1 Semester Hour (150 SCECHs or 6 SEMESTER HOURS REQUIRED)**

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TITLE OF CEU/SCECH/COLLEGE COURSE	Approval #	#SB-CEUs Awarded	#SCECHs Awarded	#College Credits Awarded	Sponsoring Agency of Program	Ending Date (MM/DD/YYYY) of Program
Total # of CEUs/SCECHs/COLLEGE CREDIT or combination:						

ADVISORY: In accordance with Public Act 96 of the Public Acts of 1995, it is a criminal offense to use or attempt to use a college, university or Continuing Education Units or Equivalent transcript that is fraudulently obtained, forged, of fraudulent credentials for this purpose.

Signature of Non-Affiliated Employee *Date*

Signature of Executive Director, Human Resources and Legal Services *Date*