

PETITION REQUEST FOR CHANGE POINT VALUE FOR CERTIFICATION

Employee Requesting Change	Unit/Campus	Date
-----------------------------------	--------------------	-------------

Department	Phone #	E-mail Address
-------------------	----------------	-----------------------

****DISCLAIMER:** If you received this certification prior to the change in points, you will not retroactively receive or lose points that you originally received when obtaining the certification.

Using the listing of certifications on the MAT Web page, enter the number of points designated for the certification you are requesting to be reviewed.

Technology Certifications: <http://www.maricopa.edu/mat/edadv/techcert.htm>

Non-Technology Certifications: <http://www.maricopa.edu/mat/edadv/nontech.htm>

Date Approved	Category	Designation	Certificate Name	Total Pts Current	Total Points Recommended

Please answer the following question that may help us in discussing among the Committee the best approach to address and resolve this petition. Also, please provide any documentation that will help the Committee address and resolve this petition.

Please provide a rationale for the above requested change. Please note that point values are based on the following five criteria: 1) formal education, 2) professional experience, 3) continuing professional education, 4) range of knowledge, and 5) testing requirements.

Requestor's Signature (when faxing or sending via intercampus mail)	Date
---	------

-----**FOR COMMITTEE USE ONLY**-----

The Committee's findings concur do not concur with the point value request based on the following:

MAT Compensation for Certification Chair (Signature)	Date
--	------

E-mail or fax (480-731-8190) this petition to the **MAT Compensation for Certification Chair, Nick Rouse, DO**. The committee meets as needed each month. You will be notified of the Committee's decision of the petition's request. 3/22/06 ncr