



| Basic Certification Information | |
|---|--|
| Certification Name | |
| Certifying Body <i>(i.e., who offers the certification)</i> | |
| Requirements of this certification <i>(Check all that apply)</i> | <input type="checkbox"/> Required Training <input type="checkbox"/> Exam(s) <input type="checkbox"/> Suggested Training <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Graded Project/Portfolio |
| Is the certification part of a series? <i>(e.g. Basic, Intermediate, Advanced)</i> | <input type="checkbox"/> Yes (please specify): <input type="checkbox"/> No |
| Where did you find the information on these requirements? <i>(Check all that apply and provide relevant contact information for whichever box(es) you choose)</i> | <input type="checkbox"/> Website: <input type="checkbox"/> Spoke to a Representative <i>(provide name and contact info in space below)</i> <input type="checkbox"/> Other: |
| Initiating Manager/Supervisor or Subject Matter Expert (SME) Rationale | |
| What is the training need in your agency? | |
| How will this certification fill that need? | |
| Why is this certification being chosen over other similar certifications? | |



I, as the requesting manager/supervisor and/or SME, certify that the above information is accurate and true to the best of my knowledge.

Name (Print): _____ Title: _____

Division: _____ Agency/Unit: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Agency HR Review and Approval

I certify that agency HR has reviewed the above information and has obtained appropriate agency approval to submit this certification for review regarding a discretionary increase under the Pay Plan Policy (DOP-P12).

Name (Print): _____ Title: _____

Signature: _____ Date: _____

DOP USE ONLY

Received By: _____

Date Stamp