

(Abolished in PL 10-23 - Effective 07/01/05)**PAY DIFFERENTIAL 218****STATE REGISTERED NURSES SCHOLARSHIP AWARD DIFFERENTIAL - UNIT 17**

Established: 07/01/00

Revised: 05/01/02

| CLASS TITLE | CLASS CODE | CB/ID | EARNINGS ID | DEPARTMENT |
|-------------|------------|-------|-------------|-----------------|
| All Classes | Various | R17 | GQ | All Departments |

RATE

Scholarship amounts vary and are determined by the Registered Nurse Scholarship Advisory Committee (RNSAC) based upon information obtained through the application review process.

CRITERIA

Employees must meet scholarship criteria established by the RNSAC and be approved by the RNSAC for a scholarship award.

To be eligible to apply for a State Registered Nurses Scholarship Award, the employee must meet all of the following criteria:

- Be a State employee in any department and have standard or better overall performance.
- Be a rank and file Unit 17 employee.
- Have an active and valid license to practice as a registered nurse in California.
- Have permanent status (current or prior) in a Unit 17 classification.
- Be accepted to an accredited college or university with the goal and course of study leading to a Bachelor's or higher degree in nursing or related health care profession.
- File a completed and legible application for scholarship by established cut-off date(s).

Scholarships are awarded for one academic year and are paid incrementally - upon proof of enrollment in an approved college or university and upon proof of successful completion of the academic session (semester, quarter, etc.). Amounts reimbursed under a qualified scholarship to an individual who is a candidate for a degree at a qualified educational institution, as defined per Internal Revenue Code 117, are excludable from gross income.

IF APPLICABLE, SHOULD PAY DIFFERENTIAL BE:

| | |
|------------------------------------|-----|
| PRO RATED | No |
| SUBJECT TO QUALIFYING PAY PERIOD | No |
| ALL TIME BASES AND TENURE ELIGIBLE | Yes |
| SUBJECT TO PERS DEDUCTION | No |

INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY

| | |
|-------------------|----|
| OVERTIME | No |
| IDL | No |
| EIDL | No |
| NDI | No |
| LUMP SUM VACATION | No |
| LUMP SUM SICK | No |
| LUMP SUM EXTRA | No |