

TUITION ASSISTANCE REQUEST FORM

REFERENCE: EMPLOYEE HANDBOOK POLICY 314

PLEASE NOTE THIS REQUEST MUST BE COMPLETED PRIOR TO ENROLLMENT IN THE COURSE AND IS SUBJECT TO APPROVAL BASED ON DEPARTMENTAL BUDGET.

Date of Request: _____

Employee Name: _____

Dept: _____ Job Title: _____

School Attending: _____ Tuition Cost: _____

Course Taken: _____
(One form per course and per semester)

Date of Course: From _____ (DATE) to _____ (DATE)

Description of course and how it relates to job (including how taking this course will benefit the College). Attach an additional sheet for further description, if necessary.

I understand that if this request is approved, upon successful completion of the course with a minimum grade of "C", the College will reimburse me for one-half of the cost of tuition, not to exceed \$500 in any one (1) fiscal year, provided I submit proof of tuition paid and my course grade.

Employee Signature

Employee Name (print) Date

Supervisor's Approval

Supervisor's Name (print) Date

Human Resources Approval

HR Representative's Name (print) Date

OFFICE OF HUMAN RESOURCES USE ONLY:

| | Date | HR Initials |
|---|-------|-------------|
| Tuition Receipt Received: | _____ | _____ |
| Proof of Grade Received: | _____ | _____ |
| Check Request Submitted to Business Office: | _____ | _____ |