

Employee Educational Assistance Request

Employee name: _____ Date of request: _____

EMPLID: _____

Faculty P-3 Classified P-14 Wage *Adjunct faculty

_____ After hours study (classified employees attach educational aid work schedule form)

_____ During hours study (classified employees attach educational aid work schedule form)

_____ Leave of absence with pay (promissory note must be completed)

_____ Leave of absence without pay (if educational expenses are being paid, promissory note must be attached)

* Adjunct faculty approval contingent on being contracted and teaching during the requested semester

College / University to be attended: _____

College address: _____

Time study will be pursued: _____

Course number and title	Semester hours *	Start date	End date	Tuition Costs
			Tuition Total	

* Limit of six semester hours per semester

Purpose of assistance (*check one*)

_____ Course required by supervisor

_____ Job-related (supervisor's signature verifies that course is related to current responsibilities)

_____ Degree requirement (verification of acceptance into a degree program must be provided)

_____ Continuous Learning Program

Payment options (*check one*) Note that IRS tax regulations apply

_____ Reimbursement (contingent upon receipt of grade report or other supporting documents)

_____ Pre-payment to the institution (promissory note must be completed)

_____ TNCC course (Continuous Learning Program)

Employee signature Date

Supervisor / Department Manager or Dean signature Date

_____ Approved _____ Disapproved

Director of Human Resources Date

**VIRGINIA PENINSULA
COMMUNITY COLLEGE**