

# Middle Tennessee State University

## Employee/Retiree Audit/Non-Credit Form

Name: \_\_\_\_\_  
Last First M.I. ID No.

Department: \_\_\_\_\_ Index #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Employment Date: \_\_\_\_\_ Full Time \_\_\_ Yes \_\_\_ No  
Home/Cell Work Retirement Date: \_\_\_\_\_\*

I request to enroll in the following course offered at Middle Tennessee State University (MTSU).

Course #	Title	Hours/CEUs	Class Period (time/days) (Example: TTH 9-10)

\_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_ Audit \_\_\_\_\_ Job Related Non-Credit \_\_\_\_\_ Wellness Course  
\_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate

Alternate Work Schedule Requested: \_\_\_ Yes \_\_\_ No (If yes, attach schedule.)

If this is a job related non-credit course, please explain how it is related to your job:

I have read and fully understand the requirements (as detailed in Policy 830) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

### AUTHORIZATION SECTION

If the tax provisions discussed in the instructions apply, do you consider the course job related? \_\_\_ Yes \_\_\_ No

I approve the above request and have addressed scheduling issues related to the employees' attendance in the class detailed in the above request. *\*Retiree – Do not complete this section. Send form directly to Human Resource Services.*

\_\_\_\_\_  
Immediate Supervisor's Signature Date Job Title

I attest that the employee meets the program requirements for the stated request.

\_\_\_\_\_  
Dean or Department Head Date Vice President or Vice Provost Date

### EMPLOYMENT CERTIFICATION

Date of Regular Employment \_\_\_\_\_ Percent Full-Time \_\_\_\_\_ Account No. \_\_\_\_\_  
(6 Mo. Service Required)

Approved, Human Resource Services \_\_\_\_\_ Date \_\_\_\_\_