



- c. Courses should be scheduled in counsel with supervisors to assure maintenance of optimum job performance. Courses should be scheduled at times other than during regularly scheduled work hours unless use of annual leave or other arrangements, have been approved by the supervisor prior to enrolling in the course(s).
- d. I will notify Student Financial Aid Services of this financial assistance.

I have read and fully understand the requirements (as detailed in the appropriate section of 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.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Approval Recommendation

I approve the above request and have addressed scheduling issues related to the employee's attendance in the classes detailed in the above request.

Name of Home Institution: \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Dean or Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President or Vice Provost

\_\_\_\_\_  
Date

### Employment Certification

I attest that the employee is a regular full-time or part-time faculty or staff member who has been employed at the home institution six months.  Yes  No

Date of regular employment: \_\_\_\_\_ Percent full-time: \_\_\_\_\_ Index/Account No.: \_\_\_\_\_

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