

NUNEZ COMMUNITY COLLEGE

**Initial Request for Tuition Assistance and Employment Continuation Agreement
(Form 6.038A)**

Name: _____ Employee ID #: _____

Department: _____ Job Title: _____

Office phone: _____ Cell/home phone: _____

Tuition Assistance Program – up to 6 credit hours per term

Institution: _____ Term: _____

Course	Title	Hours/CEUs	Class period (time/days) (Ex: T TH 9-10)	Estimated Cost

Employee’s current degree status: _____ Degree/Area Sought: _____

This course of study enhances the employee’s value to LCTCS as defined below (check one):

Support for a course that is part of a degree program; specify degree: _____

Support for an employee training or retraining to enhance job related expertise; explain: _____

Other (explain): _____

Total anticipated reimbursement requested: _____. Reimbursement may not exceed eligible tuition and mandatory attendance fees for a maximum of six credit hours per semester.

By requesting support for tuition assistance, I agree with the stipulations listed in a- below:

a. The recipient is a full time employee working 40 hours a week or 80 hours a pay period; or, faculty placed under contract or letter of appointment to a permanent position for a period encompassing most or all of the academic year (i.e., faculty contracts or appointments of not less than 9 months). Further, he or she must have been employed at least one year in a full-time permanent position prior to participating in the course.

b. Upon completion of the course(s), the recipient must remain employed by the institution for not less than two months of full-time employment from the date of reimbursement for each credit hour

reimbursed. If the employee separates from LCTCS prior to the end of the continuation period, the amount due back will be pro-rated.

c. Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for continued participation in the reimbursement program.

d. Courses should be scheduled with minimal disruption to the employee's regular work schedule and to avoid adversely affecting department services.

e. All other requirements provided in LCTCS Human Resources Policy # 6.038 must be met as well as internal policies if applicable.

I have read and fully understand the requirements related to my stated request for tuition 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's signature	Date
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Finance and Budget Approval	Date
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I approve the above request and have addressed scheduling issues related to the employee's attendance in the classes detailed in the above request.

Supervisor's signature	Date
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I attest that the employee meets the program requirements for the above stated request

Office of Human Resources	Date
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I approve the above request.

Chancellor's signature	Date
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APPROVAL AT THIS TIME DOES NOT GUARANTEE CONTINUED APPROVAL.

NOTE: Place in employee file.