

**Northeast State Community College
Request for Educational Assistance**

Employee Name: _____ Employee ID # _____

Department: _____ Job Title: _____

Index/Account Number: _____

Date of Employment: _____ Percentage of Employment: _____

Office Phone: _____ Cell/Home Phone: _____

Alternate work schedule requested: Yes No If yes, attach schedule

Fee Waiver – One for-credit course per term

Institution: _____ Term: _____

Undergraduate: Graduate:

Course (Ex. CHEM 1010)	Title (Ex. Chemistry I)	Hours/CEUs	Class period (days and time) (Ex: T/TH 9-10 a.m.)

Audit/Non-Credit Program

Institution: _____ Term: _____

Course (Ex. CHEM 1010)	Title (Ex. Chemistry I)	Hours/CEUs	Class period (days and time) (Ex: T/TH 9-10 a.m.)

Classes will be taken for: Audit Non-Credit

I have read and fully understand the requirements (as detailed in the appropriate section of TBR Guideline P-130) 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's signature Date

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

Office of Human Resources Date

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

Supervising Vice President's signature Date

After vice president's signature, return form to the Human Resources Office.