

# FOUNDATION TUITION ASSISTANCE PROGRAM EMPLOYEE APPLICATION

Important note: Tuition assistance will cover the in-state on-campus tuition rate only.

**EMPLOYEE INFORMATION** (PLEASE PRINT)

Last Name	First Name	Middle Initial	Employee ID
<i>Fall</i> _____ Year	<i>Intersession</i> _____ Year	<i>Spring</i> _____ Year	<i>Summer</i> _____ Year
(Intersession and Spring classes are counted as one semester)			Telephone Number (Day)

SEPARATE APPLICATION REQUIRED FOR EACH SEMESTER

**WORK SCHEDULE APPROVAL**

Classes cannot be taken during the employee's regularly scheduled work hours unless there are extenuating circumstances and approval is granted by the employee's supervisor and the appropriate VP. ***All classes require*** your supervisor and VP's approval and signature on this application. All missed work time will be made up within the given work week.

List Classes to be Taken	Time	Section	Course #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explanation of extenuating circumstances:

Explanation of how time will be made up during the work week:

By signing this application, the Department will approve or not approve the employee's classes for participation in the Tuition Assistance Program. The Department and employee understand that all missed work time will be made up during the given work week.

Approved       Not Approved

Supervisor Signature <i>DIGITAL SIGNATURE NOT ACCEPTED</i>	Date
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Approved       Not Approved

Foundation President/CEO Signature <i>DIGITAL SIGNATURE NOT ACCEPTED</i>	Date
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