Virginia Western Community College  
Educational Assistance and Continuous Learning Request Form

<table>
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<tr>
<th>Employee Name:</th>
<th>Section/Division:</th>
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<tbody>
<tr>
<td>Position Title:</td>
<td>Teaching Field (For Faculty):</td>
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<tr>
<td>EMPL ID:</td>
<td>Position Number:</td>
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College/University to be Attended:

**Course and/or Leave Approval**
- [ ] After Hours Study.
- [ ] During Hours Study: Note: for classified employees an adjusted work schedule must be attached.
- [ ] Leave of Absence With or Without Pay: Promissory Note must be completed.

**Payment Options (Select One)**
- [ ] Reimbursement: Contingent on receipt of a grade of “C” or better and supporting documentation.
- [ ] Up-Front Payment: Promissory Note must be completed.

**Financial Aid (Check Yes or No):** Have you applied and/or plan to receive financial aid for this course?
- [ ] Yes or [ ] No

**Course Purpose: (Check One)**
- [ ] Job-Related: Supervisor’s signature verifies that course is related to current job responsibilities.
- [ ] Non-job-Related/Professional Development: Supervisor’s signature verifies that course is related to professional development of the employee and/or mission of the College.
- [ ] Degree Requirement: Verification of acceptance into a degree program must be on file.

**Course Details:**

<table>
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<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Semester Hours*</th>
<th>Start Date</th>
<th>End Date</th>
<th>Tuition Costs</th>
<th>Mandatory Fees</th>
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*Limit of 6 credit hours per semester

**Course Benefits:**
Describe specifically how the course(s) contributes to maintaining/improving your current job skills, will enhance your current job performance or will improve opportunities for advancement at Virginia Western, or other benefits to Virginia Western.

**Supervisor – Required.** Training is mandatory, employee’s attendance is required. All hours in class will count as hours worked in accordance with Fair Labor Standards Act. Promissory Note is not required.  
**Identify Budget Source/Code:**

**Employee – Initiated.** Training is voluntary. Hours in class will not count as hours worked.

I certify that the above is true to the best of my knowledge. I understand that the benefits of educational assistance and/or continuous learning is subject to approval and that reimbursement is conditional upon satisfactory course completion, availability of funds and that reimbursement may be subject to IRS TAX Regulation. I hereby release and grant permission for you to obtain my course attendance and grade records.

_____________________________     ____________________________________ 
Employee Signature     Date 

_________________________________________     ___________________________________ 
Supervisor’s Approval     Vice President’s Approval 

President’s Approval or Designee