

## Virginia Western Community College Educational Assistance and Continuous Learning Request Form

Employee Name:	Section/Division:
Position Title:	Teaching Field (For Faculty):
EMPL ID:	Position Number:

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:

Course Number	Course Title	Semester Hours*	Start Date	End Date	Tuition Costs	Mandatory Fees
*Limit of 6 credit hours per semester				Total		

### 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