

Employee Education Assistance Program

Only full-time employees may register for a maximum of one (1) three-semester-hour credit course to be taken during the normal workday, subject to supervisory approval. Only courses during long-semesters are covered by this policy (fall and spring). Courses offered during the short sessions are not covered (maymester, summer sessions, and wintermester). In some instances, it may not be possible for an employee to take a course during work hours, since the primary consideration must always be to ensure that the needs of the department and the University are met.

PROCEDURAL STEPS

The employee submits this form to his/her immediate supervisor before enrolling in one course, not to exceed three (3) credit hours to be taken during working hours. Auditing a course is also allowed if requested through this process.

1. The immediate supervisor determines whether to recommend the request.
2. The Department Head must approve or deny the request. If the request is denied, the Department Head must provide the reason(s) to the employee.

Note: The decision to approve or deny a request is discretionary for the Department Head. Criteria to arrive at the decision should include:

- a. Employee must have completed probationary period.
 - b. Existence of a degree plan.
 - c. Quality of job performance of the employee. (Must be in good standing)
 - d. Impact on the department.
3. Copy distribution:
 1. Copy to Employee
 2. Copy to Department Head
 3. Copy to Office of Human Resources
 4. The Department Head should review all applications to ensure that the criteria for approval is applied on a consistent and equitable basis.



Employee Education Assistance Program

Application for Full-time employees to Enroll for University Course During Working Hours

Date: _____

Employee Name: _____
Last First Middle

Empl ID: _____

Job Title: _____

Work Hours: _____

Department: _____

COURSE INFORMATION

Title of Course: _____

Course Number: _____ Course Credit (Hrs.): _____

Course Period (Start Date): _____ (End Date): _____

Class Days and Times: _____

Do you consider this course job related? _____

If yes, explain: _____

I agree to comply with the terms and conditions of the Employee Education Assistance Program policy, Handbook of Operating Procedures, Section 5, Chapter 26.

Employee Signature

Date

AUTHORIZATION

Approved: Yes No

Immediate Supervisor (Signature)

Date

Department Head (Signature)

Date

If application is not approved, state reason(s): _____

HR USE ONLY

Six months of service or more in current position: Yes No

Last performance evaluation: Satisfactory Unsatisfactory No evaluation required