

**Piedmont Virginia Community College  
Educational Assistance Request**

Employee Name \_\_\_\_\_ Employee Payroll Id # \_\_\_\_\_

Title/Rank \_\_\_\_\_ Division \_\_\_\_\_

Original Appointment (Faculty) \_\_\_\_\_ Date of Hire (Staff) \_\_\_\_\_

In addition to completion of the VCCS 16 form as required by VCCS policy, PVCC requires all employees requesting educational assistance read the current PVCC policy regarding the conditions and criteria under which educational assistance is awarded. **The employee will then select one of the following agreement options for classes taken at a school other than PVCC.** Requests are due to President's Staff member by July 1 for Fall Semester, December 1 for Spring Semester, and May 1 for Summer Semester.

**AGREEMENT**

Select one:

- Option #1 Multi-Year/educational plan approval**
1. I agree that if I do not complete the degree, I will be required to repay all tuition assistance received.
  2. I agree to continue my employment at PVCC for at least 1 year after completion of the degree. If I do not, I will be required to repay the entire amount of tuition assistance received.
- Option #2 Semester course approval**
1. I agree to continue my employment at PVCC for at least 1 year after completion of coursework. If I do not, I will be required to repay the entire amount of tuition assistance received.

**If course is part of a multi-year program or for completion of a degree, provide documentation of acceptance into a degree program from an accredited school, with entire degree program requirements on the back of this form.**

College/University \_\_\_\_\_

Course #	Course Title	Semester Hours*	Start Date	End Date	Tuition Costs	Mandatory Fees
<b>*Limit of 6 credit hours per semester</b>			<b>Grand Total All Costs</b>			

**My signature indicates that I have read and understand current PVCC Educational Assistance Policy, I agree to the award option checked above, I have attached the VCCS 16 form, and I have listed the multi-year or degree program requirements on the back of this form, if applicable.**

\_\_\_\_\_  
Date of Aid Request

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Supervisor's Signature

Recommend Approval    \_\_\_\_ yes    \_\_\_\_ no

Supervisor Comments:

\_\_\_\_\_  
Executive Staff Member's Signature

Recommend Approval    \_\_\_\_ yes    \_\_\_\_ no

Executive Staff Member Comments:

\_\_\_\_\_  
President's Signature

Approved    \_\_\_\_ yes\*\*    \_\_\_\_ no  
\*\*Approved funding amount dependent on budget

**HR will notify applicants of status of request. Incomplete applications will be returned to employee, which may delay consideration for approval.**

Total amount awarded for \_\_\_\_\_ semester: \$ \_\_\_\_\_ year-to-date: \$ \_\_\_\_\_

