

Virginia Community College System
Educational Assistance Request Form

Employee Name	Original Appointment Date	College/System Office
Social Security Number		

Position Title	Section/Division	Teaching Field (For Faculty)

- After Hours Study
- During Hours Study: Note: for classified employees an adjusted work schedule will be attached.
- Leave of Absence With Pay: Promissory Note Must be Completed
- Leave of Absence Without Pay: If educational expenses are being paid, promissory note must be completed.

College/University to be attended _____
 College Address _____
 Time study will be pursued _____

Course Number	Course Title	Semester Hours*	Start Date	End Date	Tuition Costs	Mandatory Fees
					Sub Total	

*Limit of 6 credit hours per semester

Grand Total All Costs	
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Purpose of Assistance (Check One)

- Job-Related: Supervisor's signature verifies that course is related to current position responsibilities
- Degree Requirement: Verification of acceptance into a degree program must be on file

Payment Option (Check One) Note that IRS Tax regulations apply

- Reimbursement: Contingent on receipt of a grade of "C" or better and supporting documentation.
- Up-Front Payment: Promissory Note must be completed and attached to this form.

Date of Aid Request

Employee Signature

President's Approval or Designee

Supervisor's Approval

**Piedmont Virginia Community College
Educational Assistance Request**

Employee Name _____ SSN _____

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
*Limit of 6 credit hours per semester			Grand Total All Costs			

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: \$ _____

