Piedmont Virginia Community College
Educational Assistance Request

Requests must be submitted by July 1 for fall semester, December 1 for spring semester and May 1 for summer semester.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Original Appointment Date</th>
<th>EMPL ID</th>
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<tr>
<th>Position Title</th>
<th>Department/Division</th>
<th>Teaching Field (Faculty)</th>
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In addition to completion of the Educational Assistance Request, PVCC requires all employees requesting educational assistance to read the current PVCC policy regarding the conditions and criteria under which educational assistance is awarded.

- After Hours Study
- During Hours Study: Note: for classified employees an adjusted work schedule or leave request will be attached.

College/University to be attended ________________________________________________
College Address______________________________________________________________
Duration of study ______________________________________________________________

<table>
<thead>
<tr>
<th>Course #</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

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<th>Grand Total All Costs</th>
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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 and program requirements must be on file.

Reimbursement is contingent upon receipt of a grade of “C” or better for undergraduate courses and “B” or better for graduate courses and supporting documentation. Note that IRS Tax regulations apply.

**Agreement**

- For Multi-Year/Educational Plan approval, 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.
- For Semester Course approval, 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 as noted above.

**My signature indicates that I have read and understand the current PVCC Educational Assistance Policy.**

Employee’s Signature

__________________________________________      _______________
Employee’s Signature         Date of Request

Supervisor’s Signature

__________________________________________      _______________
Supervisor’s Signature         Date

President’s Staff Member Signature

__________________________________________      _______________
President’s Staff Member Signature         Date

President’s Signature

__________________________________________      _______________
President’s Signature         Date

Total amount awarded for ________ semester:   $ __________ year-to-date:  $_____________

Revised 2/2013