

APPLICATION FOR ACADEMIC ASSISTANCE

North Carolina Office of State Human Resources

PLEASE NOTE: The Academic Assistance Program is not an employee benefit, right or entitlement. It is a management program for workforce development and planning. Therefore, **courses should be related to current job responsibilities or to the development of future skills/competencies for future use within the agency.** Reimbursement includes tuition and other academic-related fees. **(Dormitory, student union, athletic fees, student health service, cultural event fees, etc. are not reimbursable under this program.)** Agencies and universities will make the final decision on the dollar amount that will be reimbursed.

Important: Courses must be taken during your personal time, unless the courses are not available after working hours.

INSTRUCTIONS FOR COMPLETION:

Prior to Enrollment:

1. Discuss the course(s) in which you wish to enroll, with your supervisor, to ascertain eligibility for reimbursement.
2. Complete **Section I & II** of this application and submit for approval, **prior** to attending the course. Your agency will complete Section III and "Course Approval" in Section II. A copy of the form should be returned to you once a decision has been made by your agency (approval or disapproval).

After Completing the Course(s):

1. Complete the **Request for Reimbursement** form.
2. Attach all receipts, course grades, and any other information to show satisfactory completion of the course(s). If costs are combined in a lump sum, you may be asked to itemize.
3. Submit the completed form with all necessary attachments.

Important: Request for reimbursement should be submitted within 30 days of completing the course(s).

***Note:** Educational leave may be granted if the course is available only during working hours and your work schedule permits you to be absent.

****Please refer to your agency or the Academic Assistance Policy for more detailed information. ****

SECTION I – Personal Information

EMPLOYEE INFORMATION

Name: Last	First	M.I.	Home Address: Street	State	Zip Code
Employee ID Number:	Work Email Address:		Contact Phone Number:	Ext.	

EMPLOYMENT INFORMATION

Agency:	Department:	Your Office Location:
Your Position Title:	Are you a permanent status employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Probationary <input type="checkbox"/> Part-time <input type="checkbox"/> Trainee

DEGREE/CERTIFICATION/LICENSURE/COURSE INFORMATION

Degree Program: <input type="checkbox"/> A/AS <input type="checkbox"/> MA/MS <input type="checkbox"/> BA/BS <input type="checkbox"/> Ph.D./Ed.D. Major Field of Study: _____	Certification/Licensure: <input type="checkbox"/> Certification/ Title: _____ <input type="checkbox"/> Licensure/ Title: _____ <input type="checkbox"/> Other(Specify): _____
Educational Institution or Certifying Institution:	Street Address: _____ State _____ Zip Code _____

SECTION II – Course Information

Course Number	Course Title	Credit Hours	Type of Course			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Non-Credit		
			<input type="checkbox"/> Graduate	<input type="checkbox"/> Audit		
			<input type="checkbox"/> Thesis/Dissertation	<input type="checkbox"/> Mandated/Agency		
Course Cost: <input type="text"/>		Course Delivery		Start Date	End Date	Start Time
Fees: <input type="text"/> Specify: <input type="text"/>		<input type="checkbox"/> Classroom				<input type="text"/>
Total Costs:		<input type="checkbox"/> Online				End Time
		<input type="checkbox"/> Other				<input type="text"/>
This course relates to <input type="checkbox"/> Current job skill needs		*Educational Leave Request (Refer to Instructions)				
<input type="checkbox"/> Future job skill needs						
Course Approval		Day		Hours		
<input type="checkbox"/> Course Approved		<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	From	To
<input type="checkbox"/> Course Not Approved / Reason:		<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="text"/>	<input type="text"/>
						Total Hours Per Week: <input type="text"/>

Course Number	Course Title	Credit Hours	Type of Course			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Non-Credit		
			<input type="checkbox"/> Graduate	<input type="checkbox"/> Audit		
			<input type="checkbox"/> Thesis/Dissertation	<input type="checkbox"/> Mandated/Agency		
Course Cost: <input type="text"/>		Course Delivery		Start Date	End Date	Start Time
Fees: <input type="text"/> Specify: <input type="text"/>		<input type="checkbox"/> Classroom				<input type="text"/>
Total Costs:		<input type="checkbox"/> Online				End Time
		<input type="checkbox"/> Other				<input type="text"/>
This course relates to <input type="checkbox"/> Current job skill needs		*Educational Leave Request (Refer to Instructions)				
<input type="checkbox"/> Future job skill needs						
Course Approval		Day		Hours		
<input type="checkbox"/> Course Approved		<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	From	To
<input type="checkbox"/> Course Not Approved / Reason:		<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="text"/>	<input type="text"/>
						Total Hours Per Week: <input type="text"/>

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			<input type="checkbox"/> Graduate	<input type="checkbox"/> Audit		
			<input type="checkbox"/> Thesis/Dissertation	<input type="checkbox"/> Mandated/Agency		
Course Cost: <input type="text"/>		Course Delivery:		Start Date	End Date	Start Time
Fees: <input type="text"/> Specify: <input type="text"/>		<input type="checkbox"/> Classroom				<input type="text"/>
Total Costs:		<input type="checkbox"/> Online				End Time
		<input type="checkbox"/> Other				<input type="text"/>
This course relates to <input type="checkbox"/> Current job skill needs		*Educational Leave Request (Refer to Instructions)				
<input type="checkbox"/> Future job skill needs						
Course Approval		Day		Hours		
<input type="checkbox"/> Course Approved		<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	From	To
<input type="checkbox"/> Course Not Approved / Reason:		<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="text"/>	<input type="text"/>
						Total Hours Per Week: <input type="text"/>

I certify that the above is true to the best of my knowledge. I understand that educational leave is not an absolute right and is subject to supervisory approval and that reimbursement is conditional upon satisfactory course completion, availability of funds and that reimbursement may be subject to withholding and FICA taxes. I, hereby, will release my course attendance and grade records for all courses I am seeking reimbursement.

Selective Service (NCGS 143B-421.1): I am not eligible I am eligible and registered

Employee Signature

Date

SECTION III – Approval

AGENCY APPROVAL

Number of Courses Submitted for Approval:

Tentative Amount to be Reimbursed: \$

Note: This amount is based on current information submitted. Reimbursement will only be made upon proof of satisfactory completion of courses and submission of course payment receipts.

Number of Courses Approved:

Taxable \$

Non-Taxable \$

Signature #1

Title

Date

Signature #2

Title

Date

Signature #3

Title

Date

(The number of required signatures is determined by your agency's/university's approval process.)

Do you need Budget's approval? NO YES
 (If yes, please obtain authorized signature.)

Signature

Title

Date

ACADEMIC ASSISTANCE: REQUEST FOR ACADEMIC COSTS REIMBURSEMENT

This section should be completed when courses have been completed and reimbursement is being sought. All necessary documents should be attached (i.e. verification of course(s) completion, receipts, etc.)
Please note: Cancelled checks are not acceptable as a receipt for course payment.

EMPLOYEE INFORMATION

Name: Last	First	M.I.	Employee ID Number:	Department/Division:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Email Address:			Contact Phone Number	Ext.
<input type="text"/>			<input type="text"/>	<input type="text"/>
Total Amount to be Reimbursed				
<input type="text"/>				

COURSES TO BE REIMBURSED

Course Number	Course Title	Credit Hours	Type of Course	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Non-Credit
			<input type="checkbox"/> Graduate	<input type="checkbox"/> Audit
			<input type="checkbox"/> Thesis/Dissertation	<input type="checkbox"/> Mandated
	Course Cost: <input type="text"/>			

Course Number	Course Title	Credit Hours	Type of Course	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Non-Credit
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			<input type="checkbox"/> Thesis/Dissertation	<input type="checkbox"/> Mandated
	Course Cost: <input type="text"/>			

Course Number	Course Title	Credit Hours	Type of Course	
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			<input type="checkbox"/> Graduate	<input type="checkbox"/> Audit
			<input type="checkbox"/> Thesis/Dissertation	<input type="checkbox"/> Mandated
	Course Cost: <input type="text"/>			

I have attached my grade report and verification of satisfactory completion of courses. All receipts and any other necessary documentation have been attached to show proof of payment for courses.

Employee Signature: _____ Date: _____

AGENCY APPROVAL / BUDGET INFORMATION

The above information and all attached documentation have been reviewed, verified and are in compliance with the Academic Assistance Policy and procedures. Therefore, recommendation is being made for reimbursement.

Signature #1	Title	Date
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Signature #2	Title	Date
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Amount	Company	Account Code	Cost/Funding Center	Accrual Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expenses have been reviewed and approved, by Budget, as reimbursable academic assistance expenses according to policy.

Signature	Date
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