

APPLICATION FOR ACADEMIC ASSISTANCE

State of North Carolina - Office of State Personnel

The State's educational assistance program is for the purpose of improving current job skills.

Instructions prior to enrollment:

1. Discuss proposed course with supervisor to ascertain that it is job related and eligible for reimbursement. Reimbursement includes required academic costs normally charged to all enrolled students and is not to exceed the maximum charged by The University of North Carolina.
2. Any course must be taken on your own time unless it is not available after working hours.
3. Complete Section I of this application and submit for approval prior to start of course. One copy will be returned to you on approval.
4. Complete a form for each course.



After completion of course, complete Section III:

1. Attach receipt and course grade or verification of satisfactory completion to approved application and forward to agency head or designee for reimbursement approval.
2. Reimbursement must be requested within 30 days of course completion.

I Name (last, first, mi)	Home Address	Social Security Number	Date
Agency/Department/Division	Location	Office Phone	
Position Title	Status: Permanent	YES NO	Full Time Part Time Probationary Trainee
School to be attended	Location		
Do you expect GI Benefits, Scholarship, other aid?	YES If YES, amount of aid, less costs of books \$	Reimbursement expected: Total \$ Academic Costs \$ Lab/Crse Fee\$	Total courses approved for this fiscal yr.
Course Title: _____ Course Number: _____ Academic Credits: _____			
This course is: Undergraduate Graduate Mandated by Law Regulation/Employer? Non-Credit Audit Thesis/Dissertation Licensure Research Course Certification as _____			
Degree program to which this course applies (if applicable) _____ Major field of study A/AS BA/BS MA/MS Ph.D/Ed.D Other (specify) _____			
Is course available after working hours? YES NO		Educational Leave requested (If YES, give days & hours) YES NO	
If you work a shift schedule, mark below		Days: M T W T F Hours: _____ to _____	
Day Evening		Hours required (include travel) per week _____	
Night Rotating		Course dates _____ to _____	

Describe specifically how this contributes to maintaining/improving your current job skills (use space on page 2 if necessary):

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 release my course attendance and grade records for this course.

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

Employee signature _____
Date

APPLICATION FOR ACADEMIC ASSISTANCE

page two

II Employee name _____ Course Title _____

COURSE AND/OR LEAVE APPROVAL

The proposed course is considered to be directly related to employee's work assignment and will be beneficial to job performance

Supervisor approval Date

This course is approved as an exception to the approved course policy
Course taken at agency request.
(Either requires approval of agency head or designee)

Division approval Date

AGENCY APPROVAL

Proposed course approved; may be reimbursed upon satisfactory completion.

Staff development/personnel approval Date

Taxable \$ _____ Budget Code _____

Budget officer approval Date

Non-Taxable \$ _____ Budget Code _____

Agency head/designee approval (if required) Date

III REIMBURSEMENT APPLICATION

Attached are grade report or verification of satisfactory completion and receipt (canceled checks are not acceptable) for the course approved above.

I request reimbursement in the amount of \$ _____

Employee signature Date

IV REIMBURSEMENT APPROVAL

The documents supporting the request for reimbursement are correct and comply with approved policy and procedures.

Authorized signature Date

COMPANY	ACCOUNT	CENTER	AMOUNT	PROGRAM	DISTRIBUTION	VOUCHER NO.	VENDOR NO.
JNL	DEPT/OFF			APPROVAL FOR PAYMENT SIGNATURE			APPROVAL DATE

Continued description of how this contributes to maintaining/improving current job skills (use additional sheet if necessary):