Application for Academic Assistance

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 ECSU.**

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.) ECSU will make the final decision on the dollar amount that will be reimbursed. Reimbursement for courses taken at academic institutions outside the UNC system should not exceed the established academic assistance ceiling rates.

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

Instruction 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. Section III and "Course Approval" in Section II will be completed by the designated approvers. A copy of the form should be returned to you once a decision has been made (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.

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. Refer to the Educational Leave Policy located in Section 5 of the State Human Resources Manual. **Include travel time when requesting educational leave. Also include a statement demonstrating unavailability of the course except during work hours.**

Section I –Employee Information

Name: _____ Banner ID: _____

Title: _____

Department: _____

Are you a permanent EHRA employee? ☐   Are you a permanent SHRA employee? ☐

Employment Status: ☐ Full-time   ☐ Part-time   ☐ Probationary

Section II –Course Information

Educational Institution or Certifying Institution: _____

Street Address: _____ State: _____ Zip: _____

Degree/Certification/Licensure/Course Information

☐ Associate

☐ Bachelor

☐ Master

☐ Juris Doctorate

☐ Doctorate

☐ Certification/Title: _____

☐ Licensure/Title: _____

☐ Other (specify): _____

Major Field of Study: _____

1) Course #: _____ Course Title: _____ Credit Hrs: ___

| **Type of Course:** | ☐ Undergraduate | ☐ Thesis/Dissertation | ☐ Non-Credit |
| | ☐ Graduate | ☐ ECSU Mandated | ☐ Audit |

Course Delivery: ☐ Classroom ☐ Online ☐ Other **Circle:** M T W Th F S Su

Date: Start: _____ End: _____ **Time:** Start: _____ End: _____

*Educational Leave Request (Refer to Instructions) ☐ With Pay ☐ Without Pay

| **Days** ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Su | **Hours** From: _____ To: _____ | **Total Hours per Week** |

Course Cost: $_____

Fees: $_____

Specify Fees: _____

_____

Total Cost: $_____

This course relates to:

☐ Current job skill needs ☐ Future job skill needs

COURSE APPROVAL:

☐ **Course Approved**

☐ **Course Not Approved/ Reason:**

2) Course #: _____ Course Title: _____ Credit Hrs: ___

| **Type of Course:** | ☐ Undergraduate | ☐ Thesis/Dissertation | ☐ Non-Credit |
| | ☐ Graduate | ☐ ECSU Mandated | ☐ Audit |

Course Delivery: ☐ Classroom ☐ Online ☐ Other **Circle:** M T W Th F S Su

Date: Start: _____ End: _____ **Time:** Start: _____ End: _____

*Educational Leave Request (Refer to Instructions)　☐ With Pay　　☐ Without Pay

Days　☐ M　☐ T　☐ W 　　　☐ TH　☐ F　☐ S　☐ Su	**Hours** From: _____ To: _____	**Total Hours per Week**

Course Cost: $_____

Fees: $_____

Specify Fees: _____

_____

Total Cost: $_____

This course relates to:
　☐ Current job skill needs　　☐ Future job skill needs
_____

COURSE APPROVAL:
☐ **Course Approved**
☐ **Course Not Approved/ Reason:**

3) Course #: _____　Course Title: _____　Credit Hrs: ___

Type of Course:　☐ Undergraduate　　☐ Thesis/Dissertation　　☐ Non-Credit 　　　　　　　　　☐ Graduate　　　☐ ECSU Mandated　　☐ Audit

Course Delivery:　☐ Classroom　☐ Online　☐ Other　　**Circle:** M T W Th F S Su

Date: Start: _____ End: _____　　**Time:** Start: _____ End: _____

*Educational Leave Request (Refer to Instructions)　☐ With Pay　　☐ Without Pay

Days　☐ M　☐ T　☐ W 　　　☐ TH　☐ F　☐ S　☐ Su	**Hours** From: _____ To: _____	**Total Hours per Week**

Course Cost: $_____

Fees: $_____

Specify Fees: _____

_____

Total Cost: $_____

This course relates to:
　☐ Current job skill needs　　☐ Future job skill needs
_____

COURSE APPROVAL:
☐ **Course Approved**
☐ **Course Not Approved/ Reason:**

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

☐ A course description is attached to this application for each course listed above.

_____　_____

Employee Signature　　　　　　　　　　　　　　　　　　　　　　　　　**Date**

Section III –Approval

Number of Courses Submitted for Approval: _____   Number of Courses Approved: _____

List course # for approved courses: 1) _____   2) _____   3) _____

*Refer to academic assistance reimbursement ceiling rates for the **current fiscal year**.*

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.

Taxable $_____   Non-Taxable $_____

Section 127 of the Internal Revenue Code allows an employee to exclude from income up to $5,250 per year in educational assistance at the undergraduate and graduate level.

Supervisory approvals should be obtained per your division's procedure.

_____

Supervisor Approval	Title	Date

_____

Department Head Approval	Title	Date

_____

Division Head Approval	Title	Date

Chancellor or designee approval required if: (otherwise skip ahead to Budget)

❑ This course is approved as an exception to the approved course policy.
❑ Course(s) taken at agency request.

_____

Chancellor or Designee Approval	Title	Date

_____

Budget Approval	Title	Date

_____

Staff Development (HR) Approval	Title	Date

The employee shall not presume the requested course(s) have been approved until all required signatures are obtained and a copy of the form has been returned to the employee.

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. This form should be attached to your SciQuest requisition after all approvals are obtained.

Section I –Employee Information

Name: _____ Banner ID: _____

Title: _____ Department: _____

Section II –Courses to Be Reimbursed

☐ Yes ☐ No	Application for Academic Assistance was submitted and approved for the requested reimbursements.

Course #:	Course Title:			Credit Hrs:
Type of Course:	☐ Undergraduate ☐ Graduate	☐ Thesis/Dissertation ☐ Mandated	☐ Non-Credit ☐ Audit	Course Cost: $_____
Course #:	Course Title:			Credit Hrs:
Type of Course:	☐ Undergraduate ☐ Graduate	☐ Thesis/Dissertation ☐ Mandated	☐ Non-Credit ☐ Audit	Course Cost: $_____
Course #:	Course Title:			Credit Hrs:
Type of Course:	☐ Undergraduate ☐ Graduate	☐ Thesis/Dissertation ☐ Mandated	☐ Non-Credit ☐ Audit	Course Cost: $_____

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:** _____

Section III –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.

Supervisor Signature: _____ **Date:** _____

Staff Development (HR) Signature: _____ **Date:** _____

Amount	Fund/Account

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

Budget Approval: _____ **Date:** _____

Budget, please email this form with final Budget approval to njmcpherson@ecsu.edu for OSHR reporting.

Office of Human Resources

ECSU is a constituent institution of the University of North Carolina.

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