

## Utah State Office of Education

### REQUEST FOR EDUCATIONAL ASSISTANCE

- Distribution:
- Employee
  - Supervisor
  - Human Resources

Date: \_\_\_\_\_

Quarter: \_\_\_\_\_

Name: (Typed)	Signature of Employee:
---------------	------------------------

I understand that this privilege is given on a selective meritorious basis and is dependent upon satisfactory performance in my assignment at the Utah State Office of Education.

I hereby request educational assistance to enroll in courses at the following school:

Course Number	Course Title	Credit Hrs.	Time of Day	M	T	W	T	F	Total Hours Made Up

Courses(s) Taken <input type="checkbox"/> upon own initiative <input type="checkbox"/> at division's request (must attach memo from Supervisor)	Tuition Cost \$
--	-----------------

Matriculated     Non-matriculated    Anticipated Degree \_\_\_\_\_    Anticipated quarter of completion \_\_\_\_\_

JUSTIFICATION/How Coursework is Job Related (for completion by employee):


ADJUSTED WORK SCHEDULE (for completion by employee if classes taken during work hours without use of annual leave):

Normal work hours: _____ to _____ Work hours will be made us as follows:	For Course No	Time of Day Hours Made Up	M	T	W	T	F	Total Hrs. Made Up

CHECKLIST (to be completed by Supervisor)

- |  |   |
|--|---|
| <input type="checkbox"/> Employee has completed Annual Performance Plan<br><input type="checkbox"/> Employee can take the above courses(s) without Neglecting job. | <input type="checkbox"/> Classes are relevant to employee's assignment<br><input type="checkbox"/> Adjusted work schedule required and approved<br><input type="checkbox"/> Employee's work is satisfactory |
|--|---|

RECOMMEND APPROVAL:

Supervisor: Date:	Coordinator/Division Director	Date:
Administrator: Date:	Human Resource Official	Date:

**EDUCATIONAL ASSISTANCE CONTRACT**

**A CONTRACT made and entered into between the Utah State Office of Education, hereinafter referred to as AGENCY and**

\_\_\_\_\_ (Employee's full name) \_\_\_\_\_ (Employee Identification Number)

hereafter called **STUDENT-EMPLOYEE.**

**WHEREAS,** the STUDENT-EMPLOYEE requests assistance from the AGENCY'S education assistance program, the STUDENT-EMPLOYEE and the AGENCY agree that the AGENCY will pay education **tuition/fees** cost(s) as described herein for the courses listed below:

Course Title/# grad/underg	School	Semester/Qtr	Total Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Grant Total for Tuition/Fees			\$ _____

NOW THEREFORE, it is agreed by and on behalf of the parties hereto as follows:

1. All covenants and agreements herein contained shall be binding upon all parties hereto.
2. Either party may terminate this contract by submitting a termination request in writing.
3. The AGENCY certifies that:
  - a. It will pay the STUDENT-EMPLOYEE \$ \_\_\_\_\_, which is 50% of the costs for the course(s) agreed on above and that no payment will be made without receipts for the expenses for which reimbursement is being sought and documented proof of passing grades as defined in the DHRM guidelines for education assistance.
  - b. The course(s) agreed on above satisfy development needs of the STUDENT- EMPLOYEE as specified in their Performance and Development Plan and will result in additional benefits to the AGENCY.
  - c. The education assistance authorized for the above named STUDENT- EMPLOYEE has not exceeded the \$5250 maximum allowed amount for the current calendar year.

4. The STUDENT-EMPLOYEE by signing this contract agrees to the following:
- a. The STUDENT-EMPLOYEE will make every effort toward successful completion of the course(s) described in this contract.
  - b. The STUDENT-EMPLOYEE will remain in the employment of the state for at least one year following completion of the above course(s) or refund the prorated cost contributed by the state.
  - c. The State of Utah is authorized to withhold from the STUDENT-EMPLOYEE'S wages or salary, monies owed by the employee for education assistance received under this contract in the event the employee terminates employment with the state within the one-year period.

\_\_\_\_\_  
Student-Employee (Request Signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Supervisor (Approval Signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Director (Approval Signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Director (Approval Signature) \_\_\_\_\_  
Date