**APPLICATION FOR ACADEMIC ASSISTANCE North Carolina Office of State Personnel**

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| **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. Reimbursement for courses taken at academic institutions outside the UNC system should not exceed the established academic assistance ceiling rates. **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 must 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.** |
| **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?**  [ ]  YES [ ]  NO  | **Employment Status:** [ ]  Full-time [ ]  Probationary [ ]  Part-time [ ]  Trainee |
| **DEGREE/CERTIFICATION/LICENSURE/COURSE INFORMATION** |
| **Degree Program:**

|  |  |
| --- | --- |
| [ ] A/AS | [ ] MA/MS |
| [ ] BA/BS | [ ] Ph.D./Ed.D. |
| Major Field of Study:  |

 | **Certification/Licensure:** [ ]  Certification/ Title:  [ ]  Licensure/ Title:  [ ]  Other(Specify):  |
| **Educational Institution or Certifying Institution:** | **Street Address: State Zip Code** |

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| **SECTION II** – Course InformationPD-136 rev. 1/13 Page 2 |
| **Course Number** | **Course Title** | **Credit****Hours** | **Type of Course** |
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| [ ]  Undergraduate |  [ ] Non-Credit |
| [ ]  Graduate |  [ ] Audit |
| [ ]  Thesis/Dissertation |  [ ]  Mandated/Agency |

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| Course Cost:  |
| Fees:  |  Specify:  |
| Total Costs:  |
| This course relates to [ ]  Current job skill needs  [ ]  Future job skill needs |
| **Course Approval** |
|  [ ]  Course Approved |

 [ ]  Course Not Approved / Reason:  | Course Delivery [ ]  Classroom [ ]  Online  [ ]  Other  | Start DateClick Below | End DateClick Below | Start Time |
|   |   | End Time |
| **\*Educational Leave Request** (Refer to Instructions)

|  |  |
| --- | --- |
| Day | Hours |
|  [ ] M [ ]  T [ ] W  [ ]  TH [ ]  F [ ] S  | From  | To |
| Total Hours Per Week:  |

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|  |
| **Course Number** | **Course Title** | **Credit****Hours** | **Type of Course** |
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| --- | --- |
| [ ]  Undergraduate |  [ ] Non-Credit |
| [ ]  Graduate |  [ ] Audit |
| [ ]  Thesis/Dissertation |  [ ]  Mandated/Agency |

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| --- |
| Course Cost:  |
| Fees:  |  Specify:  |
| Total Costs:  |
| This course relates to [ ]  Current job skill needs  [ ]  Future job skill needs |
| **Course Approval** |
|  [ ]  Course Approved |

 [ ]  Course Not Approved / Reason:  | Course Delivery [ ]  Classroom [ ]  Online  [ ]  Other  | Start DateClick Below | End DateClick Below | Start Time |
|   |   | End Time |
| **\*Educational Leave Request** (Refer to Instructions)

|  |  |
| --- | --- |
| Day | Hours |
|  [ ] M [ ]  T [ ] W  [ ]  TH [ ]  F [ ] S  | From  | To |
| Total Hours Per Week:  |

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|  |
| **Course Number** | **Course Title** | **Credit****Hours** | **Type of Course** |
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|  |  |
| --- | --- |
| [ ]  Undergraduate |  [ ] Non-Credit |
| [ ]  Graduate |  [ ] Audit |
| [ ]  Thesis/Dissertation |  [ ]  Mandated/Agency |

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| --- |
| Course Cost:  |
| Fees:  |  Specify:  |
| Total Costs:  |
| This course relates to [ ]  Current job skill needs  [ ]  Future job skill needs |
| **Course Approval** |
|  [ ]  Course Approved |

 [ ]  Course Not Approved / Reason:  | Course Delivery: [ ]  Classroom [ ]  Online  [ ]  Other  | Start DateClick Below | End DateClick Below | Start Time |
|   |   | End Time |
| **\*Educational Leave Request** (Refer to Instructions)

|  |  |
| --- | --- |
| Day | Hours |
|  [ ] M [ ]  T [ ] W  [ ]  TH [ ]  F [ ] S  | From  | To |
| Total Hours Per Week:  |

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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

Date

Employee Signature

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| **SECTION III** – ApprovalPD-136 rev. 1/13 Page 3 |
| **AGENCY APPROVAL** |
| Number of Courses Submitted for Approval: Number of Courses Approved:  | 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 $  |
|  |  |  |
| Signature | Title | Date |
|  |  |  |
| Signature | Title | Date |
|  |  |  |
| Signature |  Title |  Date |
|  |  |  |
| Do you need Budget’s approval? [ ]  NO [ ]  YES  |
| (If yes, please obtain authorized signature.)  |
| Signature |  Title |  Date |

**ACADEMIC ASSISTANCE: REQUEST FOR ACADEMIC COSTS REIMBURSEMENT**

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| **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:** |
| **Work Email Address:**  | **Contact Phone Number Ext.** | **Total Amount to be Reimbursed** |
| **COURSES TO BE REIMBURSED** |
| **Course Number** | **Course Title** | **Credit****Hours** | **Type of Course** |
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| [ ]  Undergraduate | [ ]  Non-Credit |
| [ ]  Graduate | [ ]  Audit |
| [ ]  Thesis/Dissertation | [ ]  Mandated |

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| **Course Cost:**   |
|  |
| **Course Number** | **Course Title** | **Credit****Hours** | **Type of Course** |
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|  |  |
| --- | --- |
| [ ]  Undergraduate | [ ]  Non-Credit |
| [ ]  Graduate | [ ]  Audit |
| [ ]  Thesis/Dissertation | [ ]  Mandated |

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| **Course Cost:**  |
|  |
| **Course Number** | **Course Title** | **Credit****Hours** | **Type of Course** |
|

|  |  |
| --- | --- |
| [ ]  Undergraduate | [ ]  Non-Credit |
| [ ]  Graduate | [ ]  Audit |
| [ ]  Thesis/Dissertation | [ ]  Mandated |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **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.  |
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| Signature | Title | Date |
| Signature | Title | Date |

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| Amount | Company | Account Code | Cost/Funding Center | Accrual Code |
|  |  |  |  |  |
|  |  |  |  |  |
| Expenses have been reviewed and approved, by Budget, as reimbursable academic assistance expenses according to policy.  |

Signature Date