

EMPLOYEE TUITION GRANT REQUEST

This form is to be completed and signed by the employee and appropriate authorized personnel for any class(es) (up to six credit hours per semester) taken by the employee which are covered by MMCC'S tuition grant program.

EMPLOYEE NAME: _____ DATE: _____
 DEPARTMENT: _____ SEMESTER: _____
 SOC. SECURITY #: _____

Class: _____ Section: _____ Cr. Hrs: _____ Day: _____ Time: _____ am/pm

Class: _____ Section: _____ Cr. Hrs: _____ Day: _____ Time: _____ am/pm

Class: _____ Section: _____ Cr. Hrs: _____ Day: _____ Time: _____ am/pm

*Credits taken over the allowable 6 credits will be charged to the employee at the in-district rate only.

Maximum # of Credit Hours _____

I hereby request to enroll in the above MMCC course(s). I also hereby agree that the appropriate tuition costs will be deducted from my paycheck in the event (1) I do NOT obtain a "C" or better grade for each class taken, (2) I do NOT complete the course(s), (3) I drop a class beyond the refund date, or (4) my employment is terminated.

Employee Signature Date

Immediate Supervisor Signature Date

Strategic Council Signature Date

Personnel Services Signature Date

Date Sponsorship Entered _____ AR Signature _____

| Verification of Grades | <u>Reimbursement Required</u> | |
|--|-------------------------------|-----------|
| Class _____ Section _____ Grade Received _____ | Yes | No |
| Class _____ Section _____ Grade Received _____ | Yes | No |
| Class _____ Section _____ Grade Received _____ | Yes | No |

Payroll Period Ending: _____ Amount Deducted: \$ _____

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Payroll Period Ending: _____ Amount Deducted: \$ _____

Payroll Period Ending: _____ Amount Deducted: \$ _____

Employee Signature: _____ Date: _____

If payment other than Payroll Deduction, describe method, amount(s) paid, etc.

Human Resources Approval Signature Date

PLEASE RETURN THIS FORM TO THE PERSONNEL SERVICES OFFICE

THIS SECTION TO BE COMPLETED ONLY IF SPECIAL ARRANGEMENTS MUST BE MADE FOR CLASS(ES) OCCURRING DURING REGULAR WORK HOURS.

I, _____, am requesting authorization to take the class(es) listed on the reverse side of this form. If any or all of these classes are held during any regular working hours, I have made arrangements to make-up that time as follows: (Please be specific and identify arrangements for making up time.)

(Employee Signature)

(Date)

(Supervisor Approval Signature)

(Date)

(Strategic Council Member Approval Signature)

(Date)

(Personnel Services Approval Signature)

(Date)