

Virginia Community College System
Educational Assistance Request Form

Employee Name	Original Appointment Date	College/System Office
Social Security Number		
Empl ID (ID used SIS login)#		

Position Title	Section/Division	Teaching Field (For Faculty)

- After Hours Study
- During Hours Study: Note: for classified employees an adjusted work schedule will be attached.
- Leave of Absence With Pay: Promissory Note Must be Completed
- Leave of Absence Without Pay: If educational expenses are being paid, promissory note must be completed.

College/University to be attended _____
 College Address _____
 Time study will be pursued _____

Course Number	Course Title	Semester Hours*	Start Date	End Date	Tuition Costs	Mandatory Fees
*Limit of 6 credit hours per semester				Sub Total		

Grand Total All Costs	
-----------------------	--

Purpose of Assistance (Check One)

- Job-Related: Supervisor’s signature verifies that course is related to current position responsibilities
- Degree Requirement: Verification of acceptance into a degree program must be on file
- Non-job related (after hours classes)

Payment Option (Check One) Note that IRS Tax regulations apply

- Reimbursement: Contingent on receipt of a grade of “C” or better and supporting documentation.
- Up-Front Payment: Promissory Note must be completed and attached to this form.
- Waiver under the Continuous Learning Program (Educational Assistance Policy)

Date of Aid Request

Employee Signature

President’s Approval or Designee

Supervisor’s Approval