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| REQUEST FOR TUITION REIMBURSEMENT**FOR CLASSIFIED EMPLOYEES** |
| WESTERN NEVADA COLLEGE |
|  |  |  | [ ]  WNC | [ ]  UNR | [ ] TMCC |
| **1. TO BE COMPLETED BY EMPLOYEE:** | **Semester** |       | [ ]  OTHER: |  |
| **Name** |       | Student ID # |       |
|  | (Please print) |  |  |
| Department/Division where employed |       |
| Job Classification |       |
|  |
| JobRel | JobReq | Ca/PD | Dept | Course Number | Section Number | Name of Course | Credits (Max. 6) | Days/Times | Total cost of course including lab fees | Cost of books (Job Rel. or Req. only) |
| [ ]  | [ ]  | [ ]  |       |       |       |       |       |       |       |       |
| [ ]  | [ ]  | [ ]  |       |       |       |       |       |       |       |       |
| [ ]  | [ ]  | [ ]  |       |       |       |       |       |       |       |       |
| I hereby request approval to take the above course(s) and certify that I have read and will comply with WNC Policy 4-3-8 as stated in the WNC Policies and Procedures Manual. **My signature below authorizes the WNC Office of Admissions and Records to release my WNC grades directly to the WNC Human Resources Office for a period of one year past the end of the semester noted on this request form. I understand the WNC Human Resources Office will receive all grades from the indicated semester. I understand that in the event my employment with WNC ends, all tuition must be paid in full. Any tuition owed at the time of my termination of employment will be deducted from my paycheck.** Please keep a copy of this request for your own records. |
|  |  |       |
| Signature of Employee |  | Date |
| **2.** | **TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR, DEAN/DIRECTOR/DIVISION CHAIR AND APPOINTING AUTHORITY: (Please refer to WNC Policy 4-3-8 in the WNC Policies and Procedures Manual.)** |
| **Please INITIAL on all applicable lines:** |
|  | I certify that the above course(s) designated as **JOB-REQUIRED** is/are required for this employee in his or her current job. Time off for the approved course(s) will be on “Other Paid Leave” status and will not require that the time taken from work be made up.\*\*You must indicate below how the class relates to a specific job duty on the current Work Performance Standards (WPS). If not, submit a revised WPS with this form. |
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|  | I certify that the above course(s) designated as **JOB-RELATED** is/are related to this employee’s current job. Time taken from work must be made up. |
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|  | I certify that the above course(s) designated as **CAREER/PERSONAL DEVELOPMENT** is/are taken for career/personal development. Time taken from work must be made up. |
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| Signature of Immediate Supervisor |  | Date |
|  |  |  |
| Signature of Dean/Director/Division Chair |  | Date |
|  |  |  |
| Signature of Vice President |  | Date |
|  |  |  |
| Signature of Human Resource |  | Date |
| Form Human Resources Office Use only: |
|  |  |  |  |  |
| Human Resources |  | Date Paid |  | Amount Paid |