

Employee Continuing Education Application

INSTRUCTIONS: Please read the Continuing Education Policy before submitting an application. Complete application in full. If you are requesting different payments types or multiple Continuing Education programs, please use separate forms. Submit completed application to department manager or director for approval and signature. Attach all necessary supporting documents. Submit all documents to HRConnections within required timeframe. Failure to do so will result in denial of application.

Section I: Employee Information

Employee Name:	Job Title:
Employee ID:	SSN: XXX-XX-_____
Date of Hire:	Employment Status: <input type="checkbox"/> Full Time (.9 -1.0) <input type="checkbox"/> Part Time (.5 - .8)
Department:	Email Address:
Work Phone:	Home Phone:

Section II: Continuing Education Information

Name of Confernce/Certification/Course/Dues:	
Payment Type:	<input type="checkbox"/> Pre-paid to vendor* <input type="checkbox"/> Reimbursed to employee
<i>*Prepaid option must be submitted at least 4 weeks before event payment deadline or event date.</i>	
Please select the type of Continuing Education program and provide the cost:	
<input type="checkbox"/> Job related Conference/Seminar	\$
<input type="checkbox"/> Professional Membership/Dues	\$
<input type="checkbox"/> Advance Certification/Certification Review/Certification Exam	\$
<input type="checkbox"/> Continuing Education Course	\$
<input type="checkbox"/> Travel expenses for Conference/Seminar	\$
Total Cost:	

Section III: Required Signatures

By signing, the employee confirms that they have read the policy and acknowledges that they have met the requirements necessary for receiving this benefit. I UNDERSTAND THAT IRS REGULATIONS REQUIRE THAT ANY EMPLOYER PROVIDED EDUCATION ASSISTANCE OVER \$5,250 WILL BE TAXED.

Employee Signature: _____	Date: _____
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Department Manager/Director (please print)

The employee meets the performance standards for eligibility and is an employee in good standing.

Name:	Email Address:
Phone:	Signature:

FOR HR USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Partial	Denial Reason:
Total Approved:	Manager Review:
Submitted Via:	Signature: _____ Date: _____
Application #:	