



SOWELA

TECHNICAL COMMUNITY COLLEGE

www.sowela.edu

EMPLOYEE REQUEST FOR TUITION EXEMPTION / EDUCATIONAL LEAVE

EMPLOYEE NAME: _____

DEPARTMENT: _____

POSITION: _____

Semester (check one): Fall Spring Summer Year: _____

Name of Institution (check one):	<input type="checkbox"/> Other LCTCS Institution _____
<input type="checkbox"/> SOWELA Technical Community College	<input type="checkbox"/> Other (Specify) _____

Course/Section	Day(s)/Time	Description	Credit Hrs

Are you requesting Tuition Exemption*? Yes No

Note: All fees, except for tuition, required for enrollment are to be paid by the employee.

Are you be requesting Educational Leave**? Yes No

If "Yes" to either question above, explain how this course(s) is related to your job:

Enter time (hh:mm – hh:mm) under the appropriate day(s) you are requesting educational leave (Should equal a total of 3 hours**).

Monday	Tuesday	Wednesday	Thursday	Friday

* Note: Tuition exemption is only applicable for LCTCS institutions.

** Note: Educational Leave is limited to the equivalent of a 3 credit hour course, no more than 3 clock hours per week; for classified employees, a maximum of 30 calendars days per calendar year (C.S. Rule 11.24(b)).

I understand that continued participation in this tuition exemption program will be based on making satisfactory progress as determined by the Vice Chancellor of Instruction and/or the employee's supervisor. Satisfactory progress shall generally be interpreted to include completion of the course with a passing grade. I hereby give permission to release my final exam grade and/or course grade for course(s) listed above to my supervisor and the Office of Human Resource Management.

Employee Signature Date

EMPLOYMENT ELIGIBILITY / APPROVALS

Verification of Employee's Eligibility: The employee stated above is a currently employed, full-time (100%) employee of SOWELA Technical Community College and has been employed by the College in a full-time, permanent position for at least 1 (one) year.

Immediate Supervisor Date

Vice Chancellor of Instruction (if applicable) Date

Director of Human Resources Date

Chancellor (or designee) Date