



EMPLOYEE REQUEST FOR TUITION EXEMPTION / EDUCATION LEAVE

EMPLOYEE NAME: _____

BANNER ID: _____

DEPARTMENT: _____

POSITION: _____

Semester (Check One): Fall Spring Summer Other _____

YEAR: _____

Name of Institution (Check One): Other LCTCS Institution

SOWELA Technical Community College 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 requesting Education 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 calendar 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 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.

Employee Signature: _____

Date: _____

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs or activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title: Compliance Office
 Address: 3820 Senator J. Bennett Johnston Ave, Lake Charles, LA 70616
 Telephone No: 337-421-6565 or 800-256-0483
 Email: complianceofficer@sowela.edu

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 (if applicable): _____

Date: _____

Director of Human Resources: _____

Date: _____

Chancellor (if school is outside LCTCS): _____

Date: _____