

**BPCC Request for Tuition Reimbursement  
And Employment Continuation Agreement**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell/home phone: \_\_\_\_\_

**Tuition Reimbursement Program – up to 6 additional credit hours per term**

Institution: \_\_\_\_\_ Term: \_\_\_\_\_

Course	Title	Hours/CEUs	Class period (time/days) (Ex: T TH 9-10)

Employee’s current degree program status at enrolled institution: \_\_\_\_\_

Degree/Area: \_\_\_\_\_

This course of study enhances the employee’s value to LCTCS as defined below (check one):

- Support for a course that is part of a degree program
- Support for an employee training or retraining to enhance job related expertise
- Other (explain): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Total reimbursement requested: \_\_\_\_\_. Reimbursement may not exceed eligible fees for a maximum of six credit hours per semester.

By requesting support for tuition reimbursement, I agree with the stipulations listed in a- below:

- a. The recipient is a full time employee working 40 hours a week or 80 hours a pay period; or, faculty placed under contract or letter of appointment to a permanent position for a period encompassing most or all of the academic year (i.e., faculty contracts or appointments of not less than 9 months). Further, he or she must have been employed at least one year in a full-time permanent position prior to participating in the course.
- b. Upon completion of the course(s), the recipient must remain employed by the institution for not less than two months of full-time employment from the date of reimbursement for each credit hour reimbursed. If the employee separates from LCTCS prior to the end of the continuation period, the amount due back will be pro-rated.
- c. Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for continued participation in the reimbursement program.
- d. Courses should be scheduled with minimal disruption to the employee’s regular work schedule and to avoid adversely affecting department services.
- e. All other requirements provided in LCTCS Human Resources Policy # 6.038 must be met as well as internal policies if applicable.

I have read and fully understand the requirements related to my stated request for tuition assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

I approve the above request and have addressed scheduling issues related to the employee's attendance in the classes detailed in the above request.

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

I attest that the employee meets the program requirements for the above stated request

\_\_\_\_\_  
Office of Human Resources

\_\_\_\_\_  
Date

I approve the above request.

\_\_\_\_\_  
Chancellor's signature

\_\_\_\_\_  
Date