EMPLOYEE EDUCATIONAL ASSISTANCE FORM

Date_____

1. NAME (Please type or print) Last	First	MI	Maiden (or other surname previously used)	2. SOCIAL SECURITY NUMBER

3. TITLE (Class Title Code) Personnel Classification	4. CABINET Department	5. OFFICE PHONE NUMBER

6. EQUAL OPPORTUNITY INFORMATION (Information in this item is to be used for statistical purposes only. Completion of it is voluntary.)

ETHNIC ORIGIN

Black or African American ____ White____ American Indian or Alaskan Native ____ Two or more Races ____

Hispanic or Latino ____ Asian____ Native Hawaiian or Other Pacific Islander ____ Other ____

SEX

Female ____

Male ____

7. INSTITUTION offering course. Use separate form for each different school.

Name:_____ Address:_____

Course Title	Course Number	Credit Hours	Day(s)	Time(s)	Graduate or Undergraduate	Start date	End date	Cost	Agency Approved Degree Requirement Yes No

8. PAYROLL DEDUCTION and GRADE RELEASE AUTHORIZATION (To be signed by employee.)

THIS IS TO CERTIFY THAT I AUTHORIZE my employing agency, to deduct from my pay any or all sums paid on my behalf if: my application contains any material falsification; I fail to provide the agency within thirty (30) calendar days of the scheduled completion of the courses(s) evidence of a satisfactory grade ("C" or "pass" in undergraduate studies and "B" in graduate studies; a grade of "I" (incomplete) is not considered a satisfactory grade); my employment with the agency is voluntarily or involuntarily terminated for cause (a) prior to completion of a minimum six (6) months employment with State Government after scheduled completion of the course(s) specified above, or (b) during such training; I drop the course(s) regardless of cause, without prior approval of the appointing authority of my agency; or, if I have received duplicate payment for the same course(s) from any other source. I FURTHER AUTHORIZE my educational institution to provide my employing agency OR the Personnel Cabinet with a copy of my grade report for the course(s) listed above.

_____

EMPLOYEE'S SIGNATURE DATE

9. AGENCY APPROVAL

I hereby verify that this classified employee has completed their initial probationary period or this unclassified employee has completed six (6) months of continuous service and will take approved course(s) on the employee's time.

_____ _____

FIRST LINE SUPERVISOR'S SIGNATURE DATE

AGENCY'S APPOINTING AUTHORITY (or authorized agent) DATE

_____

SECOND LINE SUPERVISOR'S SIGNATURE DATE

(if applicable)

10. BILLING AUTHORIZATION (if required)

Invoices from educational institution or training vendor must be addressed to:

_____

_____

_____

_____

_____

Phone No.:

BILLING CODE:

Cost Center Number _____ Program Code _____

AND may cover the following amounts:

Tuition (registration) $_____

Other fees (specify) _____

_____

_____

_____

Total $_____

This agency approves the enrollment of the named employee in the course(s) listed above. You are authorized to bill the Agency for the tuition (registration) and necessary course fees as specified. Expenses other than those listed are not authorized for payment without the prior approval of this Agency.

The Commonwealth of Kentucky does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the employment or provision of services. This form is available in an accessible format upon request.