

**TENNESSEE BOARD OF REGENTS
FACULTY/ADMINISTRATIVE/PROFESSIONAL/CLERICAL/SUPPORT STAFF
TUITION OR MAINTENANCE FEE REIMBURSEMENT PROGRAM
RECOMMENDATION/CONTRACT FORM**

This program is designed to provide maintenance or tuition-related fees only for an individual who takes credit courses on a part-time basis-either at his or her own or at another institution- while continuing work responsibilities at the home institution. Payment by APSU will be restricted to an amount no greater than the actual Tennessee Board of Regents maintenance or tuition-related fees for three (3) credit hours per term. Tuition-related fees might include maintenance fees, tuition, debt service fees, technology access fees, on-line fees, service charges and incidental fees payable at the time of registration. The employee will be responsible for application fee and required deposits. Reimbursement is subject to the availability of funds. (For more information regarding this program, please see APSU Policy 5:001 and/or TBR Guideline P-130.)

Section 1: To be completed by Employee

Employee Name _____ ID# _____
Department _____ Position _____
Current Degree Status _____ Additional Hours Beyond Degree _____
Location of Proposed Study _____ Term of Proposed Study _____
Course _____ Credit Hours _____
Maintenance Fee/Tuition _____ Total Reimbursement Requested _____

____ I am using a PC-191 form this term.
Yes No

1. In requesting support for tuition or maintenance fees reimbursement please indicate whether you agree to the stipulations listed below:

____ I Agree ____ I Do Not Agree

- a. The recipient, unless retired, shall be required, after completion of the course or courses, to be employed by the institution/technology center/central office for not less than one (1) month of full-time employment for each month of the term of participation in the Faculty or Administrative/Professional Staff Tuition Reimbursement Program.
- b. Satisfactory completion of course work must be demonstrated to receive reimbursement and to remain eligible for additional assistance. Affirmed grade reports must be provided for the course taken. The institution may provide reimbursement at the time fees are due.
- c. Course should be scheduled in counsel with supervisors to assure maintenance of optimum job performance. Course should be scheduled at times other than during regularly scheduled work assignments unless annual leave or flextime, based on the needs of the institution, has been approved.

2. **If the recipient should receive a student scholarship, he/she will notify the Office of Human Resources immediately.**

3. **This document must be approved no less than two weeks prior to the term of proposed study.**

Employee Signature _____ Date _____

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Cashier's Initials _____

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Section 2: To be completed by Immediate Supervisor

Applicant's Normal Working Hours _____ Applicant's Normal Lunch Hours _____

If applicable, indicate arrangements for compensation of time away from the job:

- ___ Adjusted Lunch Hours- Specify (Class start time must be between 11:00-1:00) _____
- ___ Early Beginning Work Time- Specify (Attach approved flex-time form) _____
- ___ Late Ending Work Time- Specify (Attach approved flex-time form) _____
- ___ Annual Leave (Attach approved leave form) _____

Section 3: To be completed by Immediate Supervisor

1. Is the employee a regular full-time or part time faculty, administrative/professional, or clerical/support staff member who has been employed at the home institution/technology center/central office for at least six (6) months?

___ Yes ___ No

2. Will the proposed study for which support is recommended enhance the employee's value to the home institution/technology center/central office as defined below?

- ___ Yes ___ No (If "Yes," check appropriate purposes.)
- ___ Support for person working toward the doctorate or other terminal degree
- ___ Support for person pursuing a degree below the doctorate in a technical or professional description
- ___ Support for personnel training or retraining to enhance expertise needed by the institution/technology center/central office.
- ___ Other If other, please describe. _____

APPROVED _____ DATE _____
Immediate Supervisor

APPROVED _____ DATE _____
Director/Dean

*If an exception to TBR Guideline P-130 is requested, please explain below.

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Benefits Manager Signature _____ Date _____