



# Human Resources

Cortez 129 • Phone: (956) 882-6530 • Fax: (956) 882-7476  
The University of Texas at Brownsville and Texas Southmost College

## Employee Tuition Assistance Application

Employee Information		
Employee Name _____		Employee I.D. # _____
Department _____	Office Location _____	Phone/Ext. _____
Employed Full-Time since (mm/dd/yy) _____		

Course Information			
Department of Course _____	Course # _____	Course Name _____	Credit Hours _____
Name of Institution _____	Semester/Year _____	Days and Times of Course _____	

In the event that I have the opportunity for my name to be entered in a drawing for the Scorpion Family Scholarship, I give my permission  Yes  No

I give permission to the Human Resources Development Manager to certify my grade at the end of the semester as per the program guidelines. I agree to a payroll deduction for repayment of all funds received for Tuition Assistance if I do not complete or pass with a minimum course grade of "C" for the above-referenced course. I understand that if employment is terminated prior to completing the course, the funds will be deducted from my final paycheck.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor's Approval
<input type="checkbox"/> I <b>approve</b> this request and certify that the employee's participation will not adversely affect departmental services nor cause undue hardship for other employees. If I am allowing the employee to attend classes during the workday, I have approved an alternate work arrangement or will request vacation absence reports for all time missed.
<input type="checkbox"/> I <b>cannot approve</b> or certify the employee's request to attend classes because _____
Supervisor Signature: _____ Date: _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA		Number _____
Request Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Amount approved for course listed above: \$ _____	
FY Credits Used: _____ G.P.A.: _____	Completion Rate: _____ %	Final Grade: _____
Performance Review on file with HR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	In Compliance with Mandated Training: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: _____		
Authorization: 1. _____	Human Resource Development Manager	Date _____
2. _____	Human Resources Director	Date _____