FORT HAYS STATE UNIVERSITY
Forward thinking. World ready.

TUITION ASSISTANCE PROGRAM
EMPLOYEE APPLICATION

EMPLOYEE INFORMATION

Last Name (PLEASE PRINT) First Name Middle Initial Employee ID

Fall _____ or Spring _____ or Summer _____ Telephone Number (Day)
Year Year Year
(SEPARATE APPLICATION REQUIRED FOR EACH SEMESTER)

WORK SCHEDULE APPROVAL

Classes cannot be taken during the employee's regularly scheduled work hours unless there are extenuating circumstances and approval is granted by the employee's supervisor and the appropriate VP. Your supervisor and VP's signature are ***required*** on this application. All missed work time will be made up within the given work week.

List Classes to be Taken	Time	Section	Course #

Explanation of extenuating circumstances:

Explanation of how time will be made up during the work week:

By signing this application, the Department approves the employee's participation in the Tuition Assistance Program. The Department and employee understand that all missed work time will be made up during the given work week.

☐ Approved ☐ Not Approved

Supervisor Signature Date
DIGITAL SIGNATURE NOT ACCEPTED

☐ Approved ☐ Not Approved

Vice President/Dean Signature Date
DIGITAL SIGNATURE NOT ACCEPTED

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PROGRAM GUIDELINES

Full-Time Employee - An employee with a contract stipulating work for FHSU of at least ninety (90) percent of full-time in a contract year is considered full-time.

- Employee must be admitted to the university.
- A maximum of 6 credit hours (graduate or undergraduate) of tuition charges per semester (fall, spring, summer) is covered. The student will pay all other fees.
- On-campus and Virtual College credit hours are included.
- A 2.0 minimum FHSU undergraduate GPA and a 3.0 graduate GPA must be maintained.
- Classes cannot be taken during regular business hours unless there are extenuating circumstances and approval is granted by the employee's supervisor and the appropriate VP.
- Non-credit workshops, community education, intersession, or other non-credit classes are not included.
- Employee is not eligible until 12 continuous months of full-time employment have been completed by the first official day of classes for the applicable term, or completion of an academic year contract by the first official day of classes for the applicable term in the case of faculty.
- Courses must be taken for professional development purposes that benefit both the student and the university.

Additional program information can be located at http://www.fhsu.edu/personnel/tuition-assistance/.

APPLICATION DEADLINES	
Fall Semester	First Friday in August at 4:30 pm
Spring Semester	First Friday in December at 4:30 pm
Summer Semester	First Friday in May at 4:30 pm

Return completed form to:
FHSU Human Resources Office ~ Sheridan Hall Room 110 ~ 600 Park Street ~ Hays, KS 67601 ~ Office: (785) 628-4462 ~ Fax: (785) 628-4006

AFFIRMATION

I affirm that I meet the criteria as stated above. I understand that I may be required to submit information not requested on this form; that Fort Hays State University may verify any information provided by me in this process. I understand that falsifying information on this application may result in loss of the benefit and possible termination of employment.

Employee Signature ***DIGITAL SIGNATURE NOT ACCEPTED***	Date	Telephone Number (Day)

VERIFICATION OF EMPLOYMENT

HR OFFICE USE ONLY

This is to certify that the employee named above is employed full-time in a 1.0 FTE budgeted position and meets the length of service requirements to qualify for tuition assistance. This is in accordance with policies and provisions approved by the Kansas Board of Regents.

HR Director	Date	Year(s) Length of Service

Fort Hays State University reserves the right to modify, adjust or eliminate this program as determined by the President. Fort Hays State University will complete a yearly analysis of this program and provide the same to the Kansas Board of Regents.

Revision 04/2013