

## Request for Tuition Assistance or Professional Development Funds

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<b>Employee Name</b>			
<b>Department</b>		<b>Position</b>	
<b>Date</b>			

**Please approve my request for tuition and/or class fee assistance for the following class:**

<b>Name of School/Institution</b>	
<b>Course Title and Number</b>	
<b>Tuition Cost/Class Fees</b>	
<b>Beginning Class Date</b>	
<b>Ending Class Date</b>	

**Instructions/Process:**

- This form must be submitted to your department director along with a copy of the course description.
- The course must have a clear and direct relationship to your current work or profession or your job effectiveness, and be designed to improve job performance in your current position or prepare for promotion or transfer into a related position.
- Once your request has been reviewed and approved by your department director, it will be forwarded to the WSSB Administrative Team for final approval.
- You will be notified if your request is approved or not. Upon approval, you will receive a signed copy of this form. Funds will be sent directly to the vendor.
- Once you have finished the course you will need to submit this signed form and a copy of your final grade.

### Approved for Assistance Payment

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Human Resources

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Date Approved

## Employee's Statement

Please provide a statement below (or attach a separate page) that explains how the course(s) and/or degree program you are pursuing is related to your current work or profession or how it will help with your job effectiveness and improve your job performance. If applicable, please also provide information about how this may prepare you for promotion or transfer into a related position.

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Employee Signature

Date

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### **For completion by employee's supervisor and/or department**

- I **AGREE** that the class and/or degree program the employee is pursuing meets the guidelines and requirements of WSSB's Policy.
- I **DO NOT** feel the class and/or degree program the employee is pursuing meets the guidelines and requirements of WSSB Policy for the following reason:

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Department Director Signature

Date

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Admin Team Rep Signature

Date