



# EDUCATIONAL ASSISTANCE REQUEST

Bay Mills Community College

*It is the policy of BMCC to provide educational assistance to its full-time employees in accordance Personnel Policy 300.505.*

**Date of request:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Hire Date:** \_\_\_\_\_

**Name of institution (attached proof of accreditation):** \_\_\_\_\_

**Course & purpose of study (include degree plan when appropriate):** \_\_\_\_\_

\_\_\_\_\_

**How does this course of study benefit my current (or future) position (attach additional sheets if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand I am responsible for submitting an approved check request, with a list of expenses incurred, for each semester I use educational assistance.

I understand I am required to submit a grade report at the end of each semester to my supervisor, accounting, and human resources, and that grades lower than "C", audited courses, and/or incomplete classes will not be reimbursed.

I understand if I voluntarily leave employment at BMCC or if I am terminated (for any reason except reduction in workforce, job elimination, or transfer) during my course term, that I am not eligible for reimbursement and that I must pay back any advance payment of educational expenses to BMCC.

I understand that I should schedule classes during off-duty hours whenever possible. However, I may request educational leave (300.705) if the course meeting time is during my work hours. I understand that course activities should not interfere with my work responsibilities and unsatisfactory job performance due to educational activities can result in disciplinary action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President Approval

\_\_\_\_\_  
Date

**Send completed form to HR**