**Personnel Policy 6504, "Educational Assistance" Program Eligibility Checklist**

* My supervisor confirmed that funds are available for me to enroll in approved course(s) for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 3 credit hours | 🞏 6 credit hours | 🞏 9 credit hours | 🞏 12 credit hours | 🞏 15 credit hours |

**SUPERVISOR PRINTED NAME: SUPERVISOR SIGNATURE DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

* My employment status is as follows:

|  |  |  |
| --- | --- | --- |
| 🞏 Full-Time  (40 hours/week, salaried status) | 🞏 Permanent Part-Time  (30-39 hours/week) | 🞏 Permanent Part-Time  (20-29 hours/week) |

* Employment start date:\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Refer to Policy 6504/FAQs for service-related eligibility requirements.

* Number of credit hours enrolled in this semester: \_\_\_\_\_
* Number of credit hours reimbursed this calendar year:\_\_\_\_\_\_

\* Maximum 15 credit hours (full-time) allowed per calendar year.

* Tuition/course cost (per credit hour) \_\_\_\_\_\_\_\_\_\_

\* Reimbursement will be based on actual cost or maximum approved rates

* The school in which I plan to enroll is on accredited list. 🞏Yes 🞏No

\* For full approved list, please visit <http://ope.ed.gov/accreditation/Search.aspx>

* The degree being pursued is on the approved list. 🞏Yes 🞏 No

Degree:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* For full approved list, please visit [http://sharepoint/facilitation/HR/Pages/Educational-Assistance.aspx](https://modotgov.sharepoint.com/sites/hr/SitePages/Educational_Assistance.aspx)

* Are you between 18 and 26 years of age? 🞏Yes 🞏No
  + If yes, have you registered with the selective service system? 🞏Yes 🞏No 🞏 N/A
* Are you receiving or going to receive financial assistance? 🞏Yes 🞏No
  + If yes, list type and amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have not received any disciplinary suspensions or probation within the past 12 months.

🞏Correct 🞏 Incorrect

* I have met or exceeded my performance expectations. 🞏Yes 🞏No
* I will report grades, pass/fail, or CLEP results, and submit an “Educational Assistance Reimbursement Request and Repayment Agreement” to Human Resources within 60 days of course completion. 🞏Agree 🞏Disagree
* I have read and understand Personnel Policy 6504, “Educational Assistance,” including the repayment provisions. 🞏Agree 🞏Disagree

By signing this form I acknowledge the above information is true to my current knowledge and I have read and agree to abide by the procedures outlined in Personnel Policy 6504, “Educational Assistance.”

**Failure to comply with checklist may result in denial of reimbursable funds.**

**EMPLOYEE PRINTED NAME: EMPLOYEE SIGNATURE DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_