

# State of Iowa

## APPLICATION FOR EDUCATION LEAVE AND/OR EDUCATION FINANCIAL ASSISTANCE

- 1) Answer each question in the Employee Section of this form. To ensure that there is adequate time for your application to be processed, submit the completed application form to your immediate supervisor at least 30 days prior to the start of the course you wish to attend.
- 2) Education leave/assistance requests **must be pre-approved by the Department of Administrative Services prior to the course start date** [Iowa Administrative Code Rule 64.10(3)].
- 3) When the course has been successfully completed, submit an **original of your official grade slip** and an **original paid receipt** to your department's designated representative for reimbursement/processing.
- 4) Reimbursement requires a grade of "C-" or above for undergraduate course work, a grade of "B-" or above for graduate course work, or an official completion certificate or diploma for vocational or correspondence courses.
- 5) Reimbursement is only granted upon successful completion of the course work. The employee must be in paid status the day reimbursement is requested.

**EMPLOYEE**

Name	Job Classification	Payroll #	
Social Security #	Office Phone #	Bargaining Unit/Status	
Department Name	Work Location/Address	Date Course Begins	Date Course Ends
Employee Status: <i>(Circle One)</i> Permanent Full-Time    Permanent Part-Time	Adjusted Employment Date	Hours Worked Per Week	

Course Title and Number*	School	U/G**	Time of Class To/From	Day(s) of Class	Credit Hours	Cost Per Hour	Course Cost
1.						\$	\$
2.						\$	\$
3.						\$	\$
<b>Total</b>							\$

\* **Attach an official course description (copy), including dates of each course and an explanation of how this course work will improve your job skills and performance.**

\*\* U/G - Undergraduate/Graduate

**Education Financial Assistance**

Are you requesting reimbursement for education expenses in the following areas:

Expenses	Yes	No	Dollar Amount
Tuition			\$
Books			\$
Fees <i>(specify)</i>			\$
Other <i>(specify)</i>			\$
<b>Total</b>			\$

Are you receiving or going to receive other financial assistance (*scholarship, Veteran's Bill, etc.*)?

No     Yes \_\_\_\_\_  
Type/Amount

**Education Leave**

Are you requesting time off during your normal work hours to attend course work?     Yes     No

What will your normal work hours and days be while you are attending the course? \_\_\_\_\_

How many hours of leave will you be requesting per week? \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUPERVISOR**

Date Received \_\_\_\_\_

Approved

Disapproved

Describe how coursework is job-related \_\_\_\_\_

What adjustments in this employee's work assignment, as well as agency operations, will result from approving this request? \_\_\_\_\_

\_\_\_\_\_  
*Immediate Supervisor Signature*

\_\_\_\_\_  
*Date*

.....  
**TRAINING REPRESENTATIVE**

Reimbursement Requested:  No  Yes

Total Amount Requested. . . . . \$ \_\_\_\_\_

If the employee's job classification is covered by a collective bargaining agreement, is the tuition reimbursement within the allowed annual limit?  No  Yes

Total Amount Approved. . . . . \$ \_\_\_\_\_

Anticipated Fiscal Year Reimbursement. . . . . FY \_\_\_\_\_

\* If total amount approved is not equal to total amount requested, please list reasons.

Funding Source for Reimbursement:  None Requested  State General Funds  Federal Funds  Other: What? \_\_\_\_\_

Reimbursement Type:  Job Related - Non Taxable  Not Job Related - Taxable\*\*\*  Graduate - Taxable

Leave Requested:  No  Yes Number of hours of leave per week \_\_\_\_\_  Paid  Unpaid

\_\_\_\_\_  
*Training Representative Signature*

\_\_\_\_\_  
*Date*

\*\*\* Not related to present position, but to a position to which employee may reasonably be assigned.

Course Dropped  Yes  Did Not Receive Required Grade (No Reimbursement)

.....  
**DEPARTMENT DIRECTOR**

Approved  Disapproved

(Please forward original of completed Application to the Iowa Department of Administrative Services.)

\_\_\_\_\_  
*Department Director Signature*

\_\_\_\_\_  
*Date*

.....  
**DEPARTMENT OF ADMINISTRATIVE SERVICES**

Date Received \_\_\_\_\_

Reimbursement Approved?  Yes  No

If No, reason why.

Approval by: \_\_\_\_\_  
*DAS Education Leave and Financial Assistance Coordinator Signature*

\_\_\_\_\_  
*Date*

## INSTRUCTIONS

### **APPLICATION FOR EDUCATION LEAVE AND/OR EDUCATION FINANCIAL ASSISTANCE**

Use this form when an employee is requesting education leave and/or education financial assistance pursuant to Department of Administrative Services rules 63.10 and 64.10.

#### **A. EMPLOYEE INSTRUCTIONS**

1. Complete the applicable parts of the Employee Section of the application. To ensure that there is adequate time for your application to be processed, submit the completed application form to your immediate supervisor at least 30 days prior to the start of the course(s) you wish to attend.
2. Upon completion of the course(s), submit an **official grade slip or completion certificate**, the **original paid receipt** to your training representative for reimbursement/processing.
3. Reimbursement requires a grade of "C-" for undergraduate work, a grade of "B-" for graduate work, or an official completion certificate or diploma for vocational or correspondence courses.

#### **B. SUPERVISOR INSTRUCTIONS**

1. Complete the applicable parts of the Supervisor Section of the application. Please indicate whether the application is approved or disapproved, state how the coursework is job-related, what adjustments will be made in the employee's work assignment, sign and date.

#### **C. DEPARTMENT TRAINING REPRESENTATIVE INSTRUCTIONS**

1. Reimbursement Approval:
  - a. Complete all the applicable parts of the Training Representative section, sign and date.
  - b. Complete the anticipated fiscal year reimbursement FY line. This ensures the correct fiscal year is reported for the projected reimbursement.
  - c. Send the completed application to DAS/HRE prior to course start date. DAS/HRE will return its approval decision on the application.
2. Reimbursement:
  - a. Attach the approved application, original receipt, original grades and/or completion certificate or diploma to a signed travel voucher and process through your department's accounting section.
  - b. If the amount of reimbursement requested is greater at the time the employee completes the course work than the amount listed on the application, the adjusted amount **MUST** be approved by the appointing authority on the application before the claim is submitted for reimbursement.
3. Education Leave Notification:
  - a. When an employee is requesting only education leave, send a copy of the application to DAS/HRE and send a copy of the application to the Legislative Council within 15 days after granting the leave.
4. Cancellation Notification:
  - a. If the employee drops the course after the application has been approved and/or did not receive the required grade, check the appropriate box and send a copy of the application to DAS/HRE. This notifies HRE that **NO** reimbursement will occur. DAS/HRE will adjust the Education Leave and/or Education Financial Assistance program files.