



CENTRAL TEXAS COLLEGE

Employee Educational Benefits Application and Promissory Note

Full-Time Employee Part-Time Employee

Employee Name _____ Dependent Name _____
 SSN/Employee ID _____ Dependent SSN _____
 Department/Site _____ Date of Employment _____
 Extension/Phone No. _____ Department Account No. _____

All of the above information is required for each employee and/or dependent.

Educational Program

Name/Site of Educational Institution (required) _____
 Course Name & Number (required) _____
 Beginning & End Dates (required) _____
 Days of Week & Times (required) _____
 Weekly Work Schedule (required) _____

Please check one:

On-line Classroom Semester/Year/Term (required) _____

Proof of enrollment in course must accompany application for courses taken at institutions other than CTC. For reimbursement of tuition, an itemized listing of tuition and fees and a course schedule must accompany application.

Agreement

If taking a CTCD Texas college course, I agree to complete a financial aid form and provide confirmation. I understand this form will not be processed until the financial aid form confirmation is received.

I agree to provide a grade report to the Employee Benefits Office within 30 days of the end of the term or semester. If I do not receive a grade of "C" or higher, or if I drop the course(s), I agree to reimburse CTC for the received benefit.

Promissory Note: I agree to reimburse CTC for any funds expended on my behalf for the course(s) attended at CTC, if my employment does not continue for six months after the end of the course(s) for which I received Educational Benefits. I also agree to reimburse CTC for any funds expended on my behalf for the course(s) attended at an institution other than CTC, if my employment does not continue for one year after the end of the course(s) for which I received Educational Benefits. By signing this application, I hereby understand and agree that any reimbursement owed to CTC will be charged against my wages and/or vacation payoff. I also understand that if I am no longer active with CTC and do not reimburse CTC by check or money order for reimbursable costs incurred on my behalf I will be placed on financial hold and will be turned over to the Collection Agency.

I understand that if I violate the CTC Student Code of Conduct policy or use CTC systems for personal gain or benefit, I may be subject to disciplinary action up to and including termination of employment.

When taking more than two CTC courses per term or semester, not to exceed six per academic year, I understand it must not interfere in the performance of my duties.

Employee Signature _____ Date _____
 Supervisor Signature _____ Date _____
 Employee Benefits _____ Date _____
 HR Director (Exception to Policy #555) _____ Date _____

Business Office Use CTC Courses Only	Tuition: _____ Fees: _____ ** Special Fees: _____ Other: _____ Total Class Cost: _____ **Job related necessity courses only
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