



PURPOSE

To assist North Carolina Division of Services for the Blind's (DSB) employees in obtaining approval for work related courses at an institution of higher learning: University, College or Technical/Community College System. Requested courses will be to improve skills, abilities and knowledge for current position.

PREPARED BY

Section I: DSB Employee for **prior approval**. This is the first step in the process.

Section II: DSB Employee, Supervisor, Agency Director, Personnel, Budget Officer. This is the second step in the **prior approval** process.

Section III: DSB Employee after the course is completed and all required documentation is attached. This is the third step in the process and is utilized for reimbursement of the course.

Section IV: Authorized budget staff person. This is the fourth step in the process and is utilized for request for payment to be made to the employee.

INSTRUCTIONS

Read and follow instructions at the top of this form in the areas of: "Instructions prior to enrollment" and "After completion of course complete section III."

Instructions prior to enrollment:

1. Discuss proposed course with supervisor to ascertain that it is job related and eligible for reimbursement. Reimbursement includes required academic costs normally charged to all enrolled students and is not to exceed the maximum charged by The University of North Carolina.
2. Any course must be taken on your own time unless it is not available after working hours.
3. Complete Section I of this application and submit for approval prior to start of course (Agency prior approval schedule is 30 days in advance of beginning date of course). One copy will be returned to you on approval.
4. Complete a form for each course.

After completion of course, complete Section III:

1. Attach receipt and course grade or verification of satisfactory completion to approved application and forward to agency head or designee for reimbursement approval.
2. Reimbursement must be requested within 30 days of course completion.

SECTION I

Name: Enter the employee's name (first name, middle initial and last name).

Home Address: Enter the employee's most current street address, city, State and five-digit zip code.

Social Security Number: Enter the last four digits of the employee's SSN.

Date: Enter the two-digit month, two-digit day and four-digit year the form is being completed.



Agency/Department/Division: Enter NC Division of Services for the Blind.

Location: Enter the location where the employee works.

Office Phone: Enter the employee's work phone number with area code and seven-digit number.

Position Title: Enter the employees working title.

Status: Permanent: Place an X in the "Yes" box to indicate if the employee is permanent. Place an X in the "No" box to indicate if the employee is not permanent.

Full Time, Part Time, Probationary or Trainee: Placed an X in the appropriate box to indicate if the employee is full time, part time, probationary or trainee.

School to be attended: Enter the complete name of the institution of higher learning.

Location: Enter the town or city and State where the institution of higher learning physically exists. Enter the town or city and State where employee will be physically taking the course.

Do you expect GI Benefits, Scholarship, other aid?: Place an X in the "Yes" box to indicate if the employee is eligible for GI educational financial benefits. Place an X in the "No" box to indicate if the employee is not GI eligible for educational financial benefits.

If Yes, amount of aid, less cost of books: Enter the amount of educational financial benefits and do not include the cost of books.

Reimbursement expected: Enter the total amount the employee is expected to be reimbursed by DSB for Academic Costs and Lab/Course Fees (add the two cost together). Enter the total amount the employee expects to be reimbursed for Academic Costs. Enter the total amount the employee expects to be reimbursed for Lab/Course Fees.

Total courses approved this fiscal year: Enter the total number of courses that have been approved in the current Fiscal Year (July 1-June 30)

Course Title: Enter the complete course title.

Course Number: Enter the complete course number.

Academic Credits: Enter the amount of academic credits for the course.

This course is: Place an X in the appropriate box to indicate if the course is Undergraduate, Graduate, Mandated by Law/Regulation/Employer.

Place an X in the appropriate box to indicate if the course is Non-Credit, Audit, Thesis/Dissertation Research Course, Licensure or Certification.



APPLICATION FOR ACADEMIC ASSISTANCE INSTRUCTIONS

If the course is for certification, indicate what the employee is seeking certification as _____.

Degree program to which this course applies (if applicable): Enter the name of the Major/Field of Study to which this course applies. Then place an X in the appropriate box to indicate the degree the employee is seeking: AA/AS, BA/BS, MA/MS, Ph. D/Ed. D or Other. If other, specify the degree.

Is this course available after working hours?: Place an X in the "Yes" box to indicate if the course is available after working hours. Place an X in the "No" box to indicate if the course is not available after working hours (see instructions at the top of the form "Instructions prior to enrollment")

If you work a shift schedule, make below: Place an X in the appropriate box to indicate if the employee works during the day, evening, night or has a rotating shift.

Educational Leave requested (if yes, give class days & hours): Place an X in the "Yes" box to indicate if the employee is requesting educational leave for this course. Place an X in the "No" box to indicate if the employee is not requesting educational leave.

Days of Week (Circle): Circle the days of the week the employee is requesting educational leave.

Hours: _____ to _____: Enter the hour educational leave will begin for the day circled. Enter the hour educational leave will end for the day circled.

Hours required (include travel) per week: Enter the total number of hours the employee is requesting educational leave to include travel time per week.

Course dates: Enter the two-digit month, two-digit day and four-digit year for the first day the course begins. Enter the two-digit month, two-digit day and four-digit year for the day the course will be completed.

Describe specifically how this contributes to maintaining/improving your current job skills. (Use space on page 2 if necessary): Explain in detail why prior approval is being requested and why this course is needed for the employee's work at DSB. Give an idea of how the employee plans to utilize the information and what the employee hopes to gain.

I certify that the above is true to the best of my knowledge. I understand that educational leave is not an absolute right and is subject to supervisory approval and that reimbursement is conditional upon satisfactory course completion, availability of funds and that reimbursement may be subject to withholding and FICA taxes. I hereby release my course attendance and grade records for this course.

Selective Service (NCGS 143B-421.1): Place an X in the appropriate box to indicate selective service status.

Employee signs and dates the form.



SECTION II

Employee Name: Employee enters the employee's name (first name, middle initial and last name).

Course Title: Employee enters the complete course title.

COURSE AND/OR LEAVE APPROVAL-SUPERVISOR

The proposed course is considered to be directly related to employee's work assignment and will be beneficial to job performance: Supervisor is to place an X in the appropriate box to indicate if the course is directly related to the employee's work assignment and beneficial to job performance.

The course is approved as an exception to the approved course policy: Supervisor is to place an X in the appropriate box to indicate if the course is approved as an exception to the approved course policy.

Course taken at agency request (Either requires approval of agency head or designee): Supervisor is to place an X in the appropriate box to indicate if the course is being taken at agency request.

Supervisor signs and dates the form.

Division Director signs and dates the form.

AGENCY APPROVAL

Proposed course approved; may be reimbursed upon satisfactory completion.

Taxable \$ _____ Budget Code: Budget Officer is to place an X in the appropriate box to indicate the reimbursement is taxable. Place the amount of money on the line provided and enter the budget code for the cost of the course that the Agency will make reimbursement.

Non-Taxable \$ _____ Budget Code: Budget Officer is to place an X in the appropriate box to indicate the reimbursement is non-taxable. Place the amount of money on the line provided and enter the budget code for the cost of the course that the Agency will make reimbursement.

Staff Development/Personnel signs and dates the form.

Budget Officer signs and dates the form.

Agency Head/designee approval (if required) signs and dates the form.



SECTION III

REIMBURSEMENT APPLICATION

Attached are grade report or verification of satisfactory completion and receipt (canceled checks are not acceptable) for the course approved above.

I request reimbursement in the amount of \$ _____: Employee puts the amount of reimbursement being requested on the line provided.

Employee signs and dates the form.

SECTION IV

REIMBURSEMENT APPROVAL

The documents supporting the request for reimbursement are correct and comply with approved policy and procedures.

The person in charge of the budget reimbursing the cost for the course signs and dates the form. The authorized person also enters the budget information in the appropriate blocks provided on the form.

Continued description of how this contributes to maintaining/improving current job skills (use additional sheet if necessary): This section is used as a continuation from the front page. Explain in detail why prior approval is being requested and why this course is needed for the employee's work at DSB. Give an idea of how the employee plans to utilize the information and what the employee hopes to gain.

DISTRIBUTION

Original:

If Rehabilitation, send original to the Program Specialist for In-Service Training **thirty days in advance of the course beginning date**. Include a syllabus, course title, course number and documentation of begin date, end date, times, place, description of the course and any other documents about the event from the sponsoring entity as support documentation.

If Independent Living Rehabilitation (ILR), send original to the Program Specialist for ILR **thirty days in advance of the course beginning date**. Include a syllabus, course title, course number and documentation of begin date, end date, times, place, description of the course and any other documents about the event from the sponsoring entity as support documentation.



If Independent Living (IL), send original to the Chief, Independent Living **thirty days in advance of the course beginning date**. Include a syllabus, course title, course number and documentation of begin date, end date, times, place, description of the course and any other documents about the event from the sponsoring entity as support documentation.

If Business Enterprise, send original to the Chief, Business Enterprise **thirty days in advance of the course beginning date**. Include a syllabus, course title, course number and documentation of begin date, end date, times, place, description of the course and any other documents about the event from the sponsoring entity as support documentation.

Copy: Supervisor
 Employee

At any point in the process the employee's request can be denied for various reasons. A denial may come from the Supervisor, Agency Director, Budget Officer or Human Resources.

Once the information is received in the State Office (at the appropriate place listed above), it is checked for complete documentation.

If all information is not included in the packet, it is returned to the employee with an explanation of missing information. The employee gathers missing information and returns to the appropriate person listed above for processing. Request will not be processed without all appropriate documentation.

If all information is included, it is coded and sent to the Agency Budget Officer. The Budget Officer approves, dates and secures management signatures and dates and sends to the Agency Director's Executive Assistant. The Agency Director's Executive Assistant sends to the Agency Human Resource Office (HR) for approval. The HR Office then sends the original back to the appropriate place listed above with a copy to the employee. When the State Office appropriate person as listed above receives the document with all approvals it is filed until reimbursement is requested.