

DARTMOUTH COLLEGE – GED/HiSet Educational Assistance Request

Instructions: PRIOR to starting the prep course or taking the exam, complete this application and give a copy to your Supervisor/Department Head to be signed if asking for an adjustment to your work schedule. Return the completed application to the Office of Human Resources either by email (Human.Resources@dartmouth.edu) or by mail to Hinman Box 6042. Once your application has been approved, an approval email will be sent to you for your records. After completing the prep course(s) or exam, send a copy of your proof of payment, and test grade verification for reimbursement.

| | | | | |
|---------------------------------------|-----------------------------------|-------------------------------------|----------------------|-------|
| Last Name | First Name | M. Initial | Hinman Box | Phone |
| Hours worked per week or FTE %: _____ | | Date of Hire: _____ | | |
| Employee Type (check one): | <input type="checkbox"/> Salaried | <input type="checkbox"/> Hourly | Dartmouth ID#: _____ | |
| Employee ID # _____ | | Current Position / Department _____ | | |

Testing Center you will be attending

Prep Course/Exam Date(s): _____

| Description | Fee |
|--------------|-----------------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| TOTAL | \$ _____ |

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

Work Schedule

- My enrollment/ participation in this course will not interfere with my regularly scheduled work hours or job responsibilities (supervisor approval NOT required).

- My enrollment/participation in this course will require a temporary adjustment in my regular work schedule as follows (supervisor approval required):
 - Details of work schedule adjustment requested: _____
 - Supervisor's approval: _____