

DARTMOUTH COLLEGE - SEIU Educational Assistance Request

Instructions: PRIOR to starting the course, complete and submit this application. If asking for an adjustment to your work schedule, have your Supervisor/Department Head sign in the **Work Schedule** Section below. Return the completed and signed 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 course, send proofs of payment and successful course completion for reimbursement.

Last Name	First Name	Initial	Hinman Box	Phone Number
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Hours worked per week _____ **Date of Hire:** _____

Employee Type (circle one): Full time Nine Month **Dartmouth ID#:** _____

Current Position / Department _____

Program you will be attending: _____

Course information:

Course Start Date: _____ **Course End Date:** _____

Course Title	Tuition	Registration Fee
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
TOTAL \$		_____

Applicant's Signature and 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: _____