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| Section 1: Employee Information |
| **First Name:**  | **Last Name:**  | **TXST ID:**  |
| **Department Name:**  | **Division:** | **NetID:** |
| **Job Title:**  | **Date of Hire**:  |
| Section 2: Enrollment & Leave Request |
| **Enrollment:** | [ ]  Texas State University  | [ ]  Other Institution (*Provide name of Institution*):  |
| **Program:** | [ ]  Undergraduate [ ]  Graduate [ ]  Doctoral  |
| **Year:** | **Term:**  [ ]  Fall [ ]  Spring  |
| **Total enrollment hours**:  | **Leave request per week:**  |
| **Have you participated in this program before?**   | [ ]  Yes (Please list each year and term) | [ ]  No  |
| Section 3: Academic Course(s) Request |
| **Reason for request:** | [ ]  Improve job effectiveness  | [ ]  Pursue/Complete Degree Program  | [ ]  Other (Please describe):  |
| **Description of Courses:** *Briefly describe the course(s) for which leave is requested. Explain how the courses are relevant to your career and/or personal goals. Include additional documentation (e.g., Course Catalog description, Degree Plan, etc.) you believe relevant to your leave request.*  |
| Section 4: Professional Background & Activities |
| *Please list your professional activities, awards, publications and/or other honors:*  |
| **Are you including your resume?**  |  [ ]  Yes [ ] No  |
| Section 5: Agreement & Acknowledgements |
| ***Per*** [***Section 05.04***](https://policies.txstate.edu/university-policies/04-04-35.html#section.05.04)***k of*** [***UPPS 04.04.35***](https://policies.txstate.edu/university-policies/04-04-35.html)***, I attest that it is my intent to remain employed at Texas State University for a minimum of 12 months after completion of my use of this benefit. If I do not fulfill this required 12 months of employment, I agree to reimburse the University the funding received as salary, tuition, and fees from the State of Texas during the applied semester. I will comply with the requirements of the UPPS or be subject to repayment of all funds received.*** | **Applicant Initials:**  |
| [ ]  I certify that I am a full-time benefits-eligible employee, who has been employed at the university for at least one year as of the 12th class day for the semester applied. [ ]  I certify that the courses I am enrolled in relate to my current or prospective job duties, and/or are part of a formal degree plan. ☐ I understand that this educational benefit program requires a minimum of nine credit hours for undergraduates and six credit hours for graduate/doctoral programs. [ ]  I understand that the university will waive the tuition and fees up to 12 credit hours for undergraduate and nine credit hours for graduate/doctoral programs.[ ]  I understand that if I take courses at another accredited institution, Texas State University will reimburse the cost of tuition and fees equal to the cost of the same number of credit hours at Texas State University within 30 business days. ☐ I certify that I will be responsible for paying fees and/or tuition not covered under this benefit. I understand all payments must be received by the payment deadline.[ ]  I certify that I must meet successful completion standards for all credit hours attempted, upon penalty of reimbursing the university for any failed course.☐ I certify that I have read the above agreement and understand my responsibilities to Texas State University. |
| **Applicant Printed Name:**  | **Date:**  |
| **Applicant Signature:**  |
| For Approver Use Only |
| Section 6: Department Head Recommendation |
| Please provide your recommendations in support of this application:  |
| Do you have any concerns about the applicant’s potential academic success? | [ ]  Yes (please describe) | [ ]  No  |
| Explain the impact the applicant’s absence will have on the affected department and accommodations(if any) that will be made to minimize impact: |
| **Department Head Name:**  | **Department Head Signature**:  | **Date:**  |
| Section 7: Remarks from President’s Cabinet Member |
| President’s Cabinet Member Remarks:  |
| **President’s Cabinet Member Name:**  | **President’s Cabinet Member Signature:**  | **Date:**  |

Please submit this document electronically to hr\_odc@txstate.edu. For questions, please contact Elizabeth Cruz at 5.7899.