

**NUNEZ COMMUNITY COLLEGE**

**Final Request for Tuition Assistance and Employment Continuation Agreement  
(Form 6.038B)**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell/home phone: \_\_\_\_\_

Tuition Assistance Program – up to 6 credit hours per term

Institution: \_\_\_\_\_ Term: \_\_\_\_\_

Course	Title	Hours/CEUs	Class period (time/days) (Ex: T, TH 9-10)	Completion Date

Total reimbursement requested: \_\_\_\_\_. Reimbursement may not exceed eligible tuition and mandatory attendance fees for a maximum of six credit hours per semester.

A copy of my transcript is attached providing proof that I have satisfactorily completed the courses listed above. All other necessary receipts are attached to support my request for reimbursement of tuition. My signature below attests to their authenticity and my completion of the required coursework.

\_\_\_\_\_  
Applicant's signature Date

\_\_\_\_\_  
Finance and Budget Approval Date

I approve the above request.

\_\_\_\_\_  
Supervisor's signature Date

I attest that the employee meets the program requirements for the above stated request

\_\_\_\_\_  
Office of Human Resources Date

**APPROVAL AT THIS TIME DOES NOT GUARANTEE CONTINUED APPROVAL.**

**NOTE: Place in employee file.**