JOHNSON COUNTY COMMUNITY COLLEGE APPLICATION FOR TUITION ASSISTANCE FOR JCCC CLASSES FOR FULL-TIME EMPLOYEES, ADJUNCT INSTRUCTORS AND PART-TIME REGULAR EMPLOYEES

Guidelines:

1. To be eligible for tuition assistance, an employee must be continuously employed by the college on the student's first day of the class.
2. An eligible adjunct instructor shall be defined as a part-time credit instructor who has completed **teaching or working a minimum of two semesters** and is currently teaching one or more credit courses. Tuition assistance may only be requested by an adjunct instructor during a semester in which he or she is actively employed by the college on the student's first day of the class.
3. A part-time regular employee and each of their eligible dependents can receive tuition assistance equivalent to up to 3 credit hours each semester. Any tuition amount in excess of 3 credit hours will be the responsibility of the student.
4. The amount an employee and their eligible dependents can receive in tuition assistance is limited to tuition and fees for credit courses.
5. The amount of tuition assistance will be calculated at the Johnson County resident rate. You may check your residency status with the Admissions Office, ext. 3731.
6. Completed paperwork must be received in the Office of Human Resources (GEB 274) no later than one week prior to the semester's deadline for tuition payment.
7. Any tuition assistance provision not specifically addressed in these guidelines shall be administered according to the "Tuition/Educational Assistance" procedure.

Student **must be enrolled** prior to submitting this application

EMPLOYEE SECTION:

Employee _____ JCCC ID # _____

Emplyee Status Full-Time Adjunct Part-Time Regular **(Circle only one)**

Student _____ JCCC ID # _____
(if different from above)

Is the student enrolled in the College Now Program? Yes No **(Circle one)**

Email Address _____ Phone # _____

Year and Semester of Enrollment Year _____ Semester Fall Winter Spring Summer **(Circle only one)**

Total number of credit hours enrolled _____

I certify that the student shown above, if my spouse or dependent child, meets the requirements under Section 132 (h) of the Internal Revenue Code.

_____

Employee Signature *Date*

FOR OFFICE USE ONLY:

Human Resources _____
Verified by *Date*

Credits allowed (if adjunct instructor) _____

R12/17