

☐ Taxable ☐ Non-taxable

☐ Graduate ☐ Undergraduate

MANHATTAN HOUSING AUTHORITY
EDUCATIONAL ASSISTANCE PROGRAM APPLICATION

PART I. TO BE COMPLETED BY EMPLOYEE

NAME _____ JOB TITLE _____

DATE OF HIRE _____

INSTRUCTIONS

1. Complete this form and submit it to your supervisor at least 14 workdays prior to the scheduled enrollment in the course(s).
2. Discuss proposed courses with your supervisor to ascertain that they are job related, or provide potential for advancement to positions of higher responsibility within the Housing Authority organization, and eligible for reimbursement. Reimbursement covers tuition only.
3. You will be notified of the approval or disapproval of your application within (2) weeks after its submission to the Director of Human Resources.

I intend to register and attend classes at:

Name of School _____ Address _____

The registration date is _____ ; and I, therefore, request approval in advance of that date.

This is to request approval of the course(s) listed below for reimbursement under the Manhattan Housing Authority Educational Assistance Program.

Course No.	Course Title	Credits	Cost per Credit	From Mo. Year		To Mo. Year		Class Schedule

Total Credits _____ Total Cost _____

The reason for my request for educational assistance reimbursement is (check all that apply):

☐

Educational assistance is not available to me under the G.I. Bill, Scholarship, or other Grants-in-Aid program.

☐

Education assistance is available to me through an outside source, therefore, my request for educational assistance is only to the extent of tuition not covered.

My reason for enrollment is (check all that apply):

_____ Increase skills and knowledge in current position _____ Degree curriculum
_____ Prepare for advancement to higher positions within the Housing Authority organization

____ Other (explain) _____

Explain briefly, but in sufficient detail, how proposed course(s) relate to your present job or prepares you for higher level position(s) within the Housing Authority organization:

I acknowledge that I have read the Manhattan Housing Authority, Kansas Education Assistance Program Policy, Procedures and Guidelines. I understand and agree that, if this application is approved, I will comply and be bound by the requirements of said policy. I also authorize the Manhattan Housing Authority to deduct from my last paycheck any amounts reimbursed to me should I leave the Housing Authority service under the conditions set forth in "Education Assistance Program".

EMPLOYEE SIGNATURE _____ DATE _____

PART II. TO BE COMPLETED BY THE SUPERVISOR AND EXECUTIVE DIRECTOR

INSTRUCTIONS

1. Review the application and proposed course(s) or course of study with the employee.
2. Utilizing the criteria established by the Educational Assistance Program Policy. Complete this form and submit it to the Director of Human Resources.

____ APPROVED ____ DISAPPROVED _____
Supervisor Signature Date

____ APPROVED ____ DISAPPROVED _____
Department Head Signature Date

PART III. TO BE COMPLETED BY DIRECTOR OF HUMAN RESOURCES

Date application received _____ ☐ APPROVED ☐ DISAPPROVED
Amount of tuition authorized for reimbursement \$ _____

Director of Human Resources Signature Date

Acknowledge of completion of course: Date Notified _____

Date course completed _____ Final Grade (Copy Attached) _____

Date request for reimbursement, grad reports and tuition receipts received _____

Refund check # _____ Amount \$ _____