



## EMPLOYEE INTENT TO ENROLL REQUEST FOR EDUCATION BENEFITS

### INSTRUCTIONS

UVA Academic Employees should complete one form for all courses per semester. Submit this form to University Human Resources for approval in order to receive payment for Education Benefits. Read the Education Benefits Policy and Procedures:

<http://www.hrs.virginia.edu/benefits/educben/edbbenefitsprogram.html>

EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE ASSIGNMENT # \_\_\_\_\_  
E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### EMPLOYEE CERTIFICATION

**Will the course(s) or degree program meet at least one of the following criteria? (check all that apply)**

- Relate to current job duties
- Support the "Employee Learning and Career Development Plan" section of a staff employee's Employee Work Profile (EWP)
- Are required for a job-related degree program (all undergraduate degree programs and courses are considered job-related)
- Are required for career development preparation, job-related professional certification or license;
- Provide new knowledge and skills to enhance job performance, career development and/or support UVA's mission
- Enhance UVA's ability to respond to current and future needs

**Are courses part of a degree program?**       Yes       No

Name/Type of Degree \_\_\_\_\_ Expected Graduation (mo/yr) \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### COURSE/TUITION DETAILS

**1st Course**       Spring       Summer       Fall       Other

INCLUSIVE DATES OF COURSE \_\_\_\_\_ TO \_\_\_\_\_

1st Course #	Course Title	Institution	Hours Away from Work	Course Credits	Tuition Cost

Funding

- Central Funding** (\$2,000 per calendar year)
- Department Funding** (Supervisor approval required)

Tuition Cost Per Type of Funding

PTAO \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

- Employee Funding** (any amounts not covered or approved by Central or Departmental Funds)

**2nd Course**       Spring       Summer       Fall       Other

INCLUSIVE DATES OF COURSE \_\_\_\_\_ TO \_\_\_\_\_

Course #	Course Title	Institution/School	Hours Away from Work	Course Credits	Tuition Cost

Funding

- Central Funding** (\$2,000 per calendar year)
- Department Funding** (Supervisor approval required)

Tuition Cost Per Type of Funding

PTAO \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

- Employee Funding** (any amounts not covered or approved by Central or Departmental Funds)



### EMPLOYEE INTENT TO ENROLL REQUEST FOR EDUCATION BENEFITS

**3rd Course**

- Spring    
  Summer    
  Fall    
  Other

INCLUSIVE DATES OF COURSE \_\_\_\_\_ TO \_\_\_\_\_

Course #	Course Title	Institution	Hours Away from Work	Course Credits	Tuition Cost

Funding

- Central Funding** (\$2,000 per calendar year)  
 **Department Funding** (Supervisor approval required)

Tuition Cost Per Type  
of Funding


PTAO \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

- Employee Funding** (any amounts not covered or approved by Central or Departmental Funds)

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Total Hours from Work	Total Credits	Total Tuition Cost
0	0	\$ -
		Total Funding
		\$ -

\_\_\_\_\_  
**Supervisor Approval** (for courses taken during normal business hours)

*(Totals must match)*

I, the employee, acknowledge that I have read and understand the Education Benefits Policy. I agree to provide evidence of payment and satisfactory completion when I finish each course for which I have received education benefits. I further agree to reimburse the University for the full amount of education benefits provided that I do not satisfactorily complete the course, or if I drop or withdraw from the course or cease to be an eligible University employee prior to the start date of the course. My signature on this form constitutes my written authorization for the University to deduct through payroll withholding any amounts owing and due to the University that remain unpaid 30 days after unsatisfactory completion, withdrawal, or other breach of the terms of this agreement.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Human Resources Approval**

\_\_\_\_\_  
Date

HR Comments: