

STATE OF NORTH CAROLINA
Judicial Branch Of Government

APPLICATION FOR
EDUCATIONAL ASSISTANCE REIMBURSEMENT

Instructions Prior To Enrollment: (Complete a form for each semester, quarter, or summer session.) Discuss proposed course with supervisor to ascertain that it is job related and eligible for reimbursement. **Any course must be taken on your own time unless it is not available after working hours.** Complete this Application and submit to the Human Resources Division for approval prior to start of the course. You will be notified by letter regarding the approval/disapproval of your application. ALL BOXES MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Instructions For Reimbursement: After completion of course, send the original copy of this form, an itemized tuition/fee receipt, and course grade or verification of satisfactory completion to Human Resources Division. Reimbursement must be requested within thirty (30) days of course completion.

MAIL TO: → Administrative Office of the Courts, Attn: Human Resources Division, Courier Box 56-10-50, Raleigh, NC, OR if courier is not available, mail to P.O. Box 2448, Raleigh, NC 27602.

Name (Last, First, Middle Initial)		Social Security No.	Preferred Mailing Address (Including Zip Code)	
Division/Office		Work Location (City)		
Position Title		Office Telephone No.	Permanent Funded Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time _____ % <input type="checkbox"/> Trainee
School To Be Attended		Location Of School		
Do You Expect To Receive <u>Any</u> Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount Of Aid, Less Cost Of Books And Source(s) \$ _____		Reimbursement Requested	
		Tuition Amount \$ _____	Lab/Fee Amount \$ _____	Total \$ _____
Course No. Course Title		Units Of Credit	Non-Credit	Dates (From/To)
1. _____ 1. _____		1. _____	<input type="checkbox"/>	1. _____
2. _____ 2. _____		2. _____	<input type="checkbox"/>	2. _____
Is This Course Available After Working Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Program To Which This Course Applies (If Applicable) _____ (Major/Field Of Study)		<input type="checkbox"/> AA/AS <input type="checkbox"/> MA/MS <input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> BA/BS <input type="checkbox"/> PhD/EdD
Educational Leave Requested (During Work Time) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours	F 1. _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	T _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Days Of Week (Circle) M T W Th F		R 2. _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	O _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
		M Total Hours Required, Including Travel Per Week: _____		

How does this course contribute to your current job skills and/or Judicial Branch career development plan? (Answer on reverse side)

EMPLOYEE CERTIFICATION AND REIMBURSEMENT ACKNOWLEDGMENT

I certify that the above is true to the best of my knowledge. I understand that educational leave is not an absolute right and is subject to supervisory approval, and that reimbursement is conditional upon satisfactory course completion and availability of funds. I hereby release my course attendance and grade record for this course to my employer for verification and reimbursement purposes.

By signing my name below I understand that any educational assistance reimbursement I receive may be reported to the Internal Revenue Service for Income Tax purposes and that those taxes may be withheld from my paycheck.

Date	Signature Of Employee
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DEPARTMENTAL/HUMAN RESOURCES APPROVAL

The course is directly related and will be beneficial to employee's current work assignment or approved career development plan.	Human Resources Use Only		
	The course is <input type="checkbox"/> taken at agency's request. (Must be approved by Human Resources.) <input type="checkbox"/> approved for reimbursement upon satisfactory completion. <input type="checkbox"/> not approved (see attached explanation)		
Date	Signature Of Hiring Authority	Date	Signature Of Education Assistance Coordinator

FOR USE BY AOC STAFF DEVELOPMENT

Attached are grade report or verification of satisfactory completion and receipt for the course approved above. Reimbursement will be in the amount of \$ _____.

Tuition reimbursement for course(s) completed will be reported to IRS for income tax purposes. YES (1586) NO (3951)

Date	Signature Of Education Assistance Coordinator	Date	Signature Of Assistant Controller
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FOR USE BY AOC FINANCIAL SERVICES DIVISION

COMPANY	ACCOUNT	CENTER	AMOUNT
Date	Approval For Payment Signature		

Please document how this course contributes to your current job skills or career with AOC.

EDUCATIONAL ASSISTANCE PROGRAM GUIDELINES

- Applicant must be in a permanently funded position, employed a minimum of 12 months.
- Employee must first have course approval from Hiring Authority.
- Application for Educational Assistance must be submitted in advance of course date, normally ten (10) working days, to the Human Resources Division.
- Courses offered by an accredited university, college, community college or technical institute are eligible for financial reimbursement consideration by the Educational Assistance Coordinator.
- Courses must provide knowledge, skills or other qualifications directly related to the employee's current job or be required in a degree program directly related to the employee's current job.
- Approved courses must be taken on the employee's own time when possible. If the course is available only during working hours, time off may be granted by the supervisor. Time off should be restricted to one course per term. Reasonable travel time may also be approved.
- IF FUNDS ARE AVAILABLE, the program allows 100% reimbursement of *academic cost* charged by the 16 UNC system constituent institutions. Academic costs include tuition and course/lab fees normally charged to all students. **Books and fees are not eligible for reimbursement.**
- **Request for financial reimbursement must be submitted to the Human Resources Division within thirty (30) days after successfully completing the course. Employee must submit original approved application, itemized tuition bill from educational institution and copy of passing grade(s).**