

# Toccoa Falls College – GRADUATE PROGRAM

## Section 127 Employee Educational Assistance Plan - Request Form

TFC Employee Name: \_\_\_\_\_ ID Number \_\_\_\_\_

Reason for pursuing Masters' Degree:

### **Employee**

The terms of the Toccoa Falls College Graduate Employee Educational Assistance Plan are contained in the Section 127 Plan Document. I have read and understand the terms of that document. I also agree that enrollment in a graduate program at Toccoa Falls College will not adversely impact performance of my employee responsibilities.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand that approval of this request is dependent, in part, on the limitation of the number of employees from any one area of TFC simultaneously enrolled and receiving the ETB in a graduate program at Toccoa Falls College.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Supervisor**

I am recommending consideration of the above named Employee for Toccoa Falls College Graduate Employee Tuition Benefits.

Number of employees in my area currently enrolled in this program: \_\_\_\_\_

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

### **HR**

Benefit Eligibility Date \_\_\_\_\_ (One year of full-time service as of the end of drop/add required)

Director of HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of Vice-President:** \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of President:** \_\_\_\_\_ Date: \_\_\_\_\_

**Form Submitted to Financial Aid by:** \_\_\_\_\_ **Date:** \_\_\_\_\_