

# Toccoa Falls College

## 2023-2024 Employee Tuition Benefits Request Form

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Relationship to employee:  Self  Spouse  Dependent

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

If ETB is for employee, will any courses be taken during his/her normal work hours?  Yes  No  Not Applicable

*If yes, by signing below employee understands that he/she will make up any work hours missed while attending class.*

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

### Authorizations:

#### **Employee's Supervisor (only required if employee is taking courses during his/her normal work hours):**

*By signing below, I confirm that I have discussed the employee's enrollment plans for the 2023-2024 school year and approve the employee to enroll in courses that may conflict with his/her work schedule. Employee will make up any work hours missed while attending class.*

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

#### **Human Resources:**

ETB Benefit Granted:  Employee  Spouse  Dependent  Not Eligible

Signature of HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Student Accounts:**

Fall: Tuition & Mandatory Fees \$ \_\_\_\_\_

Winterim: Tuition & Mandatory Fees \$ \_\_\_\_\_

Spring: Tuition & Mandatory Fees \$ \_\_\_\_\_

Summer: Tuition & Mandatory Fees \$ \_\_\_\_\_

Signature of SA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Financial Aid:**

Fall: Amount awarded (after considering other aid): \$ \_\_\_\_\_

Winterim: Amount awarded (after considering other aid): \$ \_\_\_\_\_

Spring: Amount awarded (after considering other aid): \$ \_\_\_\_\_

Summer: Amount awarded (after considering other aid): \$ \_\_\_\_\_

Signature of FA Representative: \_\_\_\_\_ Date: \_\_\_\_\_