



## EMPLOYEE CLASS BENEFIT FORM

Employee Name: \_\_\_\_\_

Colleague ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Department: \_\_\_\_\_

Course Enrolled in: \_\_\_\_\_

Semester: \_\_\_\_\_

### Employee Class Benefit Requirements:

- ✓ I am a full-time established employee and have been full-time at Johnston Community College for at least nine months.
- ✓ The Employee Class Benefit for a curriculum course will cover tuition, activity fees, technology fees and CAPS fees. The Employee Class Benefit for a continuing education course, taken through Occupational Extension, will cover tuition and registration fees.
- ✓ Self-supporting courses are not covered by the Employee Class Benefit.
- ✓ If I receive any Employee Class Benefit, I understand I am responsible for all other non-covered fees, including, but not limited to, books/eText, liability insurance, testing fees, etc.
- ✓ All employees utilizing the Benefit are required to complete each course in its entirety. I understand I must receive a grade of a "C" or better for a curriculum course and an "S" or better for a continuing education course.
- ✓ If I do not complete the course in its entirety, I understand that I will be required to return the funds paid to the College on my behalf. Failure to complete the course may adversely affect my opportunities to receive the benefit in the future. If I am unable to repay the funds or have other good cause for nonpayment, I may petition the division vice president for a waiver of payment. I understand that such waiver shall be allowed only upon good cause shown by me.
- ✓ I have fully read and understand the Employee Class Benefit Policy # 5.16.
- ✓ I must discuss my class schedule and obtain the permission of my supervisor(s) and vice president prior to registering for courses for which



the Benefits are sought. I understand that I must make arrangements for missed work to be made up and for leave to be taken.

I have fully read and agree to the above Employee Class Benefit requirements.

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

\_\_\_\_\_  
**Date**

Signatures below indicate approval to take course listed above and eligibility to apply for the Employee Class Benefit.

\_\_\_\_\_  
**Supervisor(s)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Division Vice-President**

\_\_\_\_\_  
**Date**

**This form must be received in the Business Office before the last day to pay for courses to avoid being purged from the course.**

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*This portion for supervisor use, following the completion of the course:*

Employee Name: \_\_\_\_\_

Course Completion Date: \_\_\_\_\_

Grade Received: \_\_\_\_\_

**As stated in the Employee Class Benefit policy, if the above employee either did not complete the course in full or receive an acceptable passing grade/status, the employee must return the funds the College paid on behalf of the employee.**

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I have verified the employee has either passed the class with the required grade/status, provided acceptable reasoning as to why it was not completed or has returned the funds to the Business Office.*

\_\_\_\_\_  
**Supervisor(s)**

\_\_\_\_\_  
**Date**