

# PELLISSIPPI STATE TECHNICAL COMMUNITY COLLEGE

## EMPLOYEE AUDIT/NON-CREDIT PROGRAM

In accordance with Pellissippi State Policy Number 06:04:03, this program is designed to provide maintenance or tuition-related fees for an employee who takes courses on an audit or job-related non-credit basis at Pellissippi State or another Tennessee public institution while continuing work responsibilities at Pellissippi State.

**INSTRUCTIONS:** Please complete Section I below and forward this form with approved signatures (two signatures required) to the Human Resources Office prior to registration. If approved, the original and one copy will be returned to you. The original must be presented during registration.

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**I. EMPLOYEE – Complete this section**

Employee Name (Please print)	Social Security Number
Department	Institution

This is to request that I be granted a scholarship to cover in-state maintenance or tuition-related fees or non-credit course fees for the below listed class(es) offered in the \_\_\_\_\_ semester 20\_\_\_\_ at \_\_\_\_\_.

The class(es) will be taken for:     Audit     Non-credit

Course Number	Title	Credit Hours or CEUs	Class Period Hours	Day(s)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Reasons for this request \_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

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**II. DIVISION – Complete this section**

I approve this request. Satisfactory arrangements have been made to ensure that the employee's work schedule is not disrupted. (Attach appropriate documentation.)

Account number to be charged \_\_\_\_\_

Budgetary official \_\_\_\_\_ Date \_\_\_\_\_

President's Staff member \_\_\_\_\_ Date \_\_\_\_\_

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**III. HUMAN RESOURCES OFFICE – Complete this section**

Date of regular employment \_\_\_\_\_ Percentage appointment \_\_\_\_\_  
(Six months of service required)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Director of Human Resources