SISSETON WAHPETON COLLEGE

Educational Assistance Program
Request Form

Name: _____ Date: _____

Supervisor: _____ Department: _____

Request for:

☐ Tuition Waiver (SWC) ☐ Education Leave: hours requested _____

☐ Tuition Assistance (List the Institution): _____

Name of Course:

I understand if I resign within twelve (12) months after receiving this assistance, I will be required to repay SWC, partially or in full, as determined by the Educational Assistance Committee.

Employee Signature: _____

Is this part of an approved EAP Plan? Yes ☐ No ☐

Is the employee off probation and in good standing? Yes ☐ No ☐

Supervisor approval of request Yes ☐ No ☐

Supervisor Signature: _____ Date: _____

HR Signature: _____ Date: _____

EAP Request Approval and Check Request

This request for $ _____ is Approved ☐ Denied ☐

President Signature: _____ Date: _____

Vendor Name: _____

Address: _____

Fund Name: _____ Account Number: _____

Grant PI/PD Signature: _____ Date: _____

CFO Signature: _____ Date: _____