

## BAY AREA RAPID TRANSIT DISTRICT

### REQUEST FOR EDUCATIONAL ASSISTANCE

#### **IMPORTANT: PLEASE READ BEFORE SUBMITTING THIS REQUEST**

- Read ***Employee Relations Guideline #26: Educational Assistance*** is located on Employee Connect > Download Forms > Human Resources.
- You must be a **full-time** employee for participation in the Educational Assistance Program.
- All sections on this form must be completed before your request is processed.
- Course must be pre-approved by Workforce Development prior to enrollment.

#### **I. EMPLOYEE INFORMATION**

<b>Empl ID:</b>		<b>Today's Date:</b>	
<b>Full Name:</b>		<b>Department:</b>	
<b>Work Loc:</b>		<b>Position:</b>	
<b>Email Address:</b>	<b>Preferred Contact Method</b> <input type="checkbox"/>	<b>Daytime Phone:</b>	<b>Preferred Contact Method</b> <input type="checkbox"/>
<b>Union Representation:</b> <input type="checkbox"/> ATU <input type="checkbox"/> SEIU <input type="checkbox"/> AFSCME <input type="checkbox"/> BPOA <input type="checkbox"/> BPMA <input type="checkbox"/> Non-Represented			

#### **II. TYPE OF EDUCATIONAL ASSISTANCE REQUEST**

Is this a request for an **Advance** Payment?  No  Yes **If yes, you must also complete page 4.**

**Note:** Requests for advance payments must be submitted to Workforce Development **at least 30 days** prior to the start of the course to ensure timely processing.

Have you exceeded 60 semester or 90 quarter units?  No  Yes

What type of degree do you possess?  No Degree  Associate  Bachelors  Masters  
 Doctorate

#### **III. JUSTIFICATION FOR EDUCATIONAL ASSISTANCE**

Approved courses must be job-related or promotion-oriented which is defined as:

- **Job-related** - Courses of direct value to the performance of an employee's current job assignment.
- **Promotion-oriented** - Courses necessary to meet the minimum qualifications of a District position that an employee desire.

**Note:** Request for promotion-oriented courses requires that the job description be attached to this form.

**Briefly explain why you would like to take the following course(s) and how they apply to your current position or a promotional opportunity within the District.**

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**Employee Signature**

**Date Approved**

**IV. COURSE INFORMATION**

**NOTE:** All educational assistance requests must include a course description and official documentation showing tuition costs. In addition:

- **Reimbursement** requests must include the final grade, copies of receipts for tuition, textbooks and/or related fees.
- **Advancements** will be closed when the final grade, copies of receipts for tuition, textbooks and/or related fees are submitted to Workforce Development.

<b>1. Name of Institution</b>		Course Name & Number		Begin Date	End Date
No. of Units: Cost Per Unit: \$	Total Tuition Cost \$	"Other" Fees \$	Textbook Fees \$	Total Cost \$	
<b>2. Name of Institution</b>		Course Name & Number		Begin Date	End Date
No. of Units: Cost Per Unit: \$	Total Tuition Cost \$	"Other" Fees \$	Textbook Fees \$	Total Cost \$	
<b>3. Name of Institution</b>		Course Name & Number		Begin Date	End Date
No. of Units: Cost Per Unit: \$	Total Tuition Cost \$	"Other" Fees \$	Textbook Fees \$	Total Cost \$	
<b>Total cost of enrollment and related fees: \$</b>					

**Workforce Development**

**Date Reviewed and Approved**

**If a course begins in one fiscal year and ends in the next fiscal year, please tell us which fiscal year you would like your request processed. Indicate Fiscal Year \_\_\_\_\_.**



**V. SUPERVISOR/MANAGER RECOMMENDATION AND APPROVAL**

Briefly explain how the course(s) will benefit the employee in their current position and/or for promotional opportunities and why you recommend the approval of this request.


**Supervisor/Manager Signature**

**Date Approved**

**VI. FOR WORKFORCE DEVELOPMENT USE ONLY**

Fiscal Year:	Funds Available: \$	Amt. Processed: \$
Remaining Balance: \$	Report ID:	Date Sent to AP:
<input type="checkbox"/> Accrual Fiscal Year		

**Additional Comments:**

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**Workforce Development**

**Date Submitted in PeopleSoft**

**Please submit all documents, inquiries and/or comments to Workforce Development in Human Resources via email to [WorkforceDevelopment@bart.gov](mailto:WorkforceDevelopment@bart.gov) or drop in our office located at 300 Lakeside Drive, 20<sup>th</sup> Floor, Oakland, CA 94612.**



**NOTICE TO BAY AREA RAPID TRANSIT DISTRICT CONTROLLER**

**VII. ADVANCE PAYMENT REQUEST ONLY - To be completed by employee**

Advance payments may be deducted from your payroll check **if** you fail to adhere to the following:

- A) Satisfactory evidence of successful completion of the course is not provided to the District within sixty (60) calendar days following the scheduled completion date of the course.
- B) The employee voluntarily drops the course for any reason (including voluntary shift changes).

Please see the Employee Relations Guideline #26: Educational Assistance for a complete description of advance payment guidelines.

**I hereby authorize the BART Controller to deduct a monthly payment amount specified below from my salary or wages. This authorization will continue until advanced monies are paid in full. Repayment of monies must be made within six months. If you terminate employment with the District, all monies owed will be collected from your final check.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Employee I.D. #

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

\_\_\_\_\_  
Date Signed

**To be completed by Payroll**

**Additional Pay Adjustments**

Additional Pay Type	Amount to be Deducted	Paycheck Date

