

BAY AREA RAPID TRANSIT DISTRICT

REQUEST FOR EDUCATIONAL ASSISTANCE

IMPORTANT: PLEASE READ BEFORE SUBMITTING THIS REQUEST

- Read ***Employee Relations Guideline #26*** - Educational Assistance located on WebBART > Documents and Procedures > Download Forms > Human Resources.
- Courses must be pre-approved by Workforce Development before enrolling.
- All sections on this form must be completed before your request is processed.
- You must be a ***full-time*** employee for participation in the Educational Assistance Program.

I. EMPLOYEE INFORMATION

Empl ID:		Today's Date:	
Full Name:		Department:	
Work Loc:		Position:	
Email Address:	Preferred Contact Method <input type="checkbox"/>	Daytime Phone:	Preferred Contact Method <input type="checkbox"/>
Union Representation: <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

1. 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 in order to ensure timely processing.

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

What type of degree do you possess? Associate Bachelors Masters None

III. JUSTIFICATION FOR EDUCATIONAL ASSISTANCE

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

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

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

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.

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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		

<u>Comments:</u>	

Workforce Development

Date

Please submit all documents, inquiries and/or comments to the Workforce Development in Human Resources via email to HRPL@bart.gov, fax to (510) 464-6386 or drop in our office located at 300 Lakeside Drive, 20th Floor, Oakland, 94612.



NOTICE TO BAY AREA RAPID TRANSIT DISTRICT CONTROLLER

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

Advance payments will 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 schedule 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

