

SEIU Educational Assistance Request

Complete this request before you start the course. Send it to the Benefits Office at Human.Resources.Benefits@dartmouth.edu or HB 6042. If you are asking for an adjustment to your work schedule, your supervisor or department head must sign in section 4. You will receive an approval email for your records. After you complete the course, send your proof of payment and proof of successful completion for reimbursement.

1. About you

Last name		First name		Initial	
Hinman Box		Phone		Dartmouth ID#	
Hours worked per week		Date of hire			
Employee type	☒ Full time ☒ Nine month				
Current position and department					

2. About the program

Program you will attend			
Course start date		Course end date	

3. Costs you will pay

Course title	Tuition	Registration fee
Total		

4. Work schedule

- ☒ My enrollment or participation will not interfere with my regularly scheduled work hours or job responsibilities. Supervisor approval is not required.
- ☒ My enrollment or participation will require a temporary adjustment in my regular work schedule, as described below. Supervisor approval is required.

Details of the work schedule adjustment

5. Confirmation and approval

By typing my name, I confirm that the information on this form is correct.

Applicant's name (typed as your signature) Date

Supervisor's approval (only if your work schedule will change)

Date

The supervisor can sign in Adobe Fill & Sign, or on a printed copy.

Reimbursement is for expenses you paid yourself.