A.

Professional Development Plan

South Texas College

Institutional Grant Application for Employees

Guidelines, Responsibilities, and Application
Responsibilities – Employees

1. Read and understand the Institutional Grant Guidelines.
2. Complete all sections of the Institutional Grant Application.
3. Obtain supervisor and account manager approval.
4. Attach required documents that apply:
   a. Degree plan/ Statement of Educational Purpose
   b. Modified work schedule
   c. Employee Leave Form (if applicable)
5. Submit the completed application to The Office of Human Resources by the designated deadline.

Responsibilities – Supervisor and Account Manager

1. Verify active employment
2. Review if employee is enrolled in a course during his/her required work hours.
3. Review and determine if the modified working schedule is acceptable.
4. Review leave request.
5. Review Degree Plan/ Statement of Educational Purpose.

Responsibilities – Office of Human Resources

1. Verify date of hire.
2. Enter department account number.
3. Check the appropriate box for eligibility.
4. Review that required attachments are included:
   a. Degree Plan or Statement of Educational purpose
   b. Approved Modified Work Schedule
   c. Approved Employee Leave Form (if applicable)
5. Verify that the course load does not exceed maximum hours for semester.

Responsibilities – Financial Aid Office

1. Validate that employee is not receiving Financial Aid.
2. Determine if employee is under resident status or non-resident status.
3. Review that the enrolled course is not a repeated course under the institutional grant or under previous tuition.
   and fee waiver benefits (developmental courses may be repeated).
4. If the repeated course is not a developmental course then note the course name, number and inform the
   employee that he/she will be responsible for the tuition and fees.
5. Verify with Human Resources that employee is still active before processing appropriate award amount for tuition
   and fees.
6. Verify application is complete and all approvals have been obtained.
7. Award appropriate amount for tuition and fees.
8. Keep a copy for department records.
9. Forward original application to the Office of Human Resources.
INSTITUTIONAL TUITION GRANT APPLICATION FOR EMPLOYEES

Purpose
South Texas College is committed to lifelong learning opportunities for its regular full-time faculty and staff. The College offers an institutional tuition grant, subject to availability of funds, for active benefit-eligible full-time faculty and staff for eligible credit courses taken at the College; eligible courses include the BAT Program. Adult Continuing Education courses may be covered under this plan if the course directly benefits the employee with their job at STC.

Eligibility
Effective September 1st, 2015 the employee must have completed at least one year of service without a break of employment before the program’s benefits can be granted. Upon meeting eligibility, a maximum of nine hours can be granted. The maximum number of hours listed are per semester consisting of three semesters- Fall, Spring, and Summer (I, II, III).

Eligibility for Bachelors of Applied Science in- Organizational Leadership Program
Effective September 1st, 2015 the employee must have completed at least 1 year of service without break of employment before the programs benefits may be granted. Upon meeting eligibility requirements, a combined total of $3000 may be granted for the Fall, Spring and Summer (I, II, III) Semester.

General Guidelines
Institutional Grant Application for employees will be accepted Fall, Spring, and Summer, but are subject to availability of funds per semester. Submission of application does not guarantee approval of grant benefits. Eligible employees may apply to take courses that comply with a specified degree plan or are directly job related. A degree plan is required; if a degree plan is not available the statement of educational purpose should be completed. Coursework undertaken solely for self-enrichment does not qualify for the institutional tuition grant. All guidelines related to the implementation of this plan, shall be maintained by the Office of Human Resources and require approval by the College President.

Eligible employees are expected to take the course(s) outside of normal working hours. Approval for enrollment in a day course(s) should be granted only if the course is not offered during the evening or weekend. Employees approved for day course(s) will be required to submit a supervisor approved modified work schedule along with their institutional grant application.

Employees who are eligible for state or federal aid excluding merit scholarships must first exhaust these funds before becoming eligible for the institutional tuition grant.

For non-resident status employees, the College pays the in-district amount only and the employee is responsible for the difference.

If an employee wishes to drop the course(s), he/she should do so before the 1st class day of the semester. Dropping the course(s) on or after the 1st class day, will result in the participant having to pay for the course(s) if he/she decides to retake the course(s). This does not apply for Developmental Courses. Furthermore the institutional Tuition Grant will not cover Add/Drop, late registration fees; etc.

Failure to obtain required signatures, and applicable required documentation by the stated deadline will disqualify the employee from receiving the institutional grant benefit.

Deadlines
Eligible employees are required to submit their Institutional Grant Application to the Office of Human Resources for approval no later than five business days prior to the designated begin date for that particular semester. Failure to obtain prior approval will automatically forfeit this benefit for the current semester.

Deadline date for the Institutional Grant Application DOES NOT override any deadline dates posted by Student Financial Services and Cashiers Office.
### INSTITUTIONAL TUITION GRANT APPLICATION FOR EMPLOYEES

#### SECTION A: EMPLOYEE INFORMATION

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>A#</td>
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<tr>
<td>Department Name</td>
<td>☐ FACULTY ☐ STAFF</td>
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<td>Contact Telephone Number</td>
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After completion of Section A and Section B, this application must be submitted to the Office of Human Resources no later than five days prior to the College semester’s first day of class.

#### ACADEMIC INFORMATION

<table>
<thead>
<tr>
<th>SEMESTER/YR of enrollment</th>
<th>Semester: ☐ FALL ☐ SPRING ☐ SUMMER I II III Year: ________</th>
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<tbody>
<tr>
<td>Indicate if Mini- Mester</td>
<td>☐TOTAL CREDIT HOURS ________ Hours</td>
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<tr>
<td></td>
<td>CONTINUING ED COURSE? ☐ YES ☐ NO</td>
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<td>BAS- OL Program? _ YES _ NO</td>
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<td></td>
<td>HAS FINANCIAL AID BEEN APPLIED FOR? FIN AID APPLIED FOR? YES _ NO RECEIVED? ________</td>
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<tr>
<td></td>
<td>COUNTY OF RESIDENCY? ☐ HIDALGO ☐ STARR ☐ OTHER</td>
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<tr>
<td></td>
<td>DEGREE PLAN ATTACHED? ☐ DEGREE PLAN ☐ STATEMENT OF EDUCATIONAL PURPOSE</td>
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<tr>
<td>COURSE NAME</td>
<td>SECTION NO.</td>
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#### AGREEMENT AND SIGNATURE

By submitting this application, I acknowledge I have read and understood the appropriate guidelines which are an integral part of this application. I understand submission of this application is subject to the availability of funds.

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<thead>
<tr>
<th>Name (printed)</th>
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<tbody>
<tr>
<td>Signature</td>
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<td>Date</td>
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### SECTION B- SUPERVISOR/ ACCOUNT MANAGER APPROVAL

1. Is course work outside the employee’s required work hours? ☐ Yes ☐ No  
   If no, please attach modified work schedule  
2. Is employee under active status with your department? ☐ Yes ☐ No  
   If no, please notify human resources immediately  
3. Is employee requesting to use available vacation hours? ☐ Yes ☐ No  
   If yes, ensure employee leave forms are completed & submitted as used.

<table>
<thead>
<tr>
<th>Supervisor’s Signature</th>
<th>Date</th>
<th>Office Number</th>
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<tr>
<th>Department Account Manager’s Signature</th>
<th>Date</th>
<th>Office Number</th>
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### SECTION C- OFFICE OF HUMAN RESOURCES

1. Employee date of hire in a regular position: ____________________________  
2. Dept. Account Number: ____________________________  
3. Is employee eligible for tuition grant benefits? ☐ Yes ☐ No  
   a. If No, employee must be notified  
4. Applicable documents (check all that apply)
   - ☐ Degree plan  
   - ☐ Statement of Educational Purpose  
   - ☐ Modified schedule/ Leave form

HR Approval by: ____________________________ Date ____________________________

### SECTION D-ADMISSIONS/ FINANCIAL AID OFFICE APPROVAL

1. Verify residency status: ☐ Resident ☐ Non- Resident  
2. Is requested course being repeated? (excludes Developmental Course) ☐ Yes ☐ No  
3. Indicate repeated course name/ number:  
   a. ____________________________  
   b. ____________________________  
4. Amount of Grant Awarded $_______________ (subject to revision due to financial aid or other)

Verified/ Admissions: ____________________________ Date ____________________________

SFS/ Entered by: ____________________________ Date ____________________________
In accordance with the guidelines established for institutional tuition grant benefits, I am requesting a modified work schedule for the duration listed above to enroll in course(s). I understand that any work-week that I do not work a total of 40 hours will be reduced from available paid leave or designate as an approved leave without pay.

<table>
<thead>
<tr>
<th>DAY OF THE WEEK</th>
<th>IN</th>
<th>OUT</th>
<th>IN</th>
<th>OUT</th>
<th>TOTAL PER DAY</th>
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<tbody>
<tr>
<td>MONDAY</td>
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<td>TUESDAY</td>
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<td>WEDNESDAY</td>
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<td>THURSDAY</td>
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<td>FRIDAY</td>
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<td>SATURDAY</td>
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<td>SUNDAY</td>
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<tr>
<td>TOTAL /WEEK</td>
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**SIGNATURE SECTION**

Employee Signature ___________________________ Date ___ Office Number ___

Supervisor Approval Signature ___________________________ Date ___ Office Number ___

Office of Human Resources Verification ___________________________ Date ___ Phone Number ___
### TO BE COMPLETED ONLY IF DEGREE PLAN IS NOT AVAILABLE

<table>
<thead>
<tr>
<th>EMPLOYEE NAME</th>
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<tr>
<td>A#</td>
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<tr>
<td>SEMESTER DATES</td>
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<td>DEPARTMENT NAME</td>
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<tr>
<td>SUPERVISOR NAME</td>
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### SIGNATURE SECTION

Employee Signature  
Date  
Office Number

Supervisor Approval Signature  
Date  
Office Number

Office of Human Resources Verification  
Date  
Phone Number