EMPLOYEE TUITION PROGRAM FOR PROFESSIONAL DEVELOPMENT
REGISTRATION FORM

PROGRAM GUIDELINES:
• Space available basis only: Over-enrollment not allowed. Do NOT self-enroll in class.
• You will be enrolled only if space becomes available in the class by the tenth day of the quarter. Instructors cannot raise class caps or give permission to over-enroll.
• May not use this program to take a class more than once; maximum 5 credits per quarter.
• Classes must support professional development: Acquisition of skills, knowledge or ability directly related to your job duties as described in your job description or annual performance development plan.
• Cannot be used for zero credit or independent study classes.
• Prerequisites must be met (i.e., placement test score, transfer credit, course at OC, or permission of instructor).
• Employee must be employed for six continuous months before participating in this program.
• Employee is responsible for paying all fees (class lab/mandatory); if Staff Parking fee of at least $20 has been paid, the Security Enhancement Fee will be waived.

Once you have completed this form, please submit to the Accounting Office, Karen Wikle, before the 5th day of the quarter to verify funding is available. If approved, the form will be sent to Registration for placement in the waiver queue.

EMPLOYEE:
EID: ___________________________ YR/QTR: ___________________________
LAST NAME: ___________________________ FIRST NAME: ___________________________
CONTACT PHONE: ___________________________ EMAIL: ___________________________

COURSE INFORMATION:
CLASS TITLE/DAYS/TIMES: ___________________________ ITEM #: _______ CREDITS: _______

EMPLOYEE CERTIFICATION: I understand and certify that I have followed the Program Guidelines above and am eligible for this program.
Signature: ___________________________ Date: ___________________________

SUPERVISOR: I certify that the course is related to the employee’s professional development plan and I attached a copy of their job description OR annual PDP supporting professional development. I also certify the employee has been employed for six continuous months in order to qualify for this program.
Employee’s Current Position: ___________________________
Supervisor’s Signature: ___________________________ Date: ___________________________

Instructions for attendance:
1. Day 1—5: Attend class and tell the instructor you have requested the waiver.
2. Day 6—10: If space is available, you will be registered in the class and contacted by Registration staff. The course will appear on your schedule.

Payment of fees is required within 48 hours of registration. Contact the Cashier to pay and inform them that you are an OC employee. 360-475-7181

Office use only – June 2019
Business Office: Documentation Complete: Y N Funding Available: Y N Date: ___________________________
Registration Office: Space Available - Item # ___________________________ In class?
Notes: ___________________________ R&R init.: ___________________________ Date: ___________________________
Cashier: Space available? N=no waiver Y= pay tuition using FAPC 701 $init. ______ Date: ___________________________
Copy distribution: Cashier _______ Employee _______ HRS _______ Date: ____________