



TRAINING APPLICATION (FEE WAIVER) FOR CLASSIFIED EMPLOYEES

Student Name _____

Institution Attending

Please submit additional form if taking classes at two institutions

Student ID # _____

Year _____ Semester

Class #1

Course #	Course Name	# of Credits

Class Day(s) of week (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday |

Time of Class _____

Class #2

Course #	Course Name	# of Credits

Class Day(s) of week (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday |

Time of Class _____

Are you or will you be receiving any other source of sponsorship or Financial Aid this semester? Yes No

(If you answered yes, please explain: _____

Reason for taking Course(s): Will apply toward a degree in _____ which I am currently pursuing.
 Will assist me in my position at the College.
 Other: Please describe: _____

Training is: Employee Requested Agency Directed

I hereby request approval to take the above course(s) in accordance with the Nevada Administrative Code training regulations. I understand that if I receive sponsorship by any other source, this may affect the approval to this Training Application, or it may void this form at any time during the semester. I have read, understand and agree to the employee agreement attached to this application.

Employee Signature _____ Date _____

Approved Disapproved (see comments)

Supervisor _____ Date _____

Approved Disapproved (see comments)

Vice President or Designee _____ Date _____

Approved Disapproved (see comments)

Human Resources _____ Date _____

Comments

HUMAN RESOURCES USE ONLY

	# of Credits	Amount waived per credit	
U	_____	\$ _____	TOTAL: _____
G	_____	\$ _____	

CSN CLASSIFIED TRAINING APPLICATION

The President of the college encourages classified employees to take classes. Additional education will help employees to be more productive and will enrich their lives.

1. Courses taken by classified employees are subject to the provisions of NRS 284.343 and NAC 284.482 through 284.522.
2. Tuition is paid when classified employees enroll in up to six (6) credits per semester/summer term (which includes courses from late May through August) that are job related and will help to improve current job performance. Job-related courses include those necessary to: enable the employee to meet standards of performance of the current position; update the employee's skills, knowledge and techniques in the current position; are beneficial to the department's operation; and/or are courses which apply toward the completion of a degree.
3. The Supervisor and Appointing Authority (Vice President or designee) approve courses to be taken by employees under their jurisdiction. The Human Resources Office certifies that the employee is eligible for training assistance.
4. A Training Assistance Application must be: a) approved by the employee's supervisor and the Appointing Authority (Vice President or designee); and b) forwarded to the Human Resources Office. As students, classified employees are subject to the rules, regulations and deadlines related to student registration and records. In addition, all classified employees must submit their applications for Training Assistance to Human Resources prior to the last day of late registration.
5. When a course is required by the Supervisor and approved by the Appointing Authority (Vice President or designee), release time must be granted. Release time is considered time worked and is not charged against any leave. For course(s) requested by the employee, or those that have application beyond the employee's current position, no release time will be granted. It is up to the Supervisor to determine, on an individual basis, whether release time is warranted; to approve a flexible schedule; and/or to approve the use of annual leave. Approval must not be unreasonably withheld and explanation for denial must be provided to the employee in writing. In making this determination, the Appointing Authority (Vice President or designee) must consider the relationship of the training to the employee's job, and the overall value of the course(s) to the institution. If flexible schedule and/or annual leave are to be utilized, a specific agreement must be identified in writing prior to the employee attending the course. No more than three (3) credits can be taken during working hours.
6. Registration (i.e., per credit fee) is paid from a central account for up to six (6) credits per semester/summer term. The employing department may pay for books and other related costs for approved courses out of operating funds.
7. If the course(s) is/are not passed with a grade of "C" or better ("B" or better for graduate level courses), the employee must reimburse the college for the training assistance. Courses taken for "Audit" are **not** eligible for training assistance. Additional training assistance will not be issued to an employee who is in arrears.
8. The value of tuition for classes may be considered income and is subject to federal tax withholding.

EMPLOYEE AGREEMENT

EMPLOYEE UNDERSTANDS THAT A NEW APPLICATION MUST BE COMPLETED AND SIGNED BY ALL PARTIES IF CHANGES ARE MADE IN COURSES, SECTIONS AND TIMES.

EMPLOYEE UNDERSTANDS THAT TRAINING COSTS RECEIVED FROM THE COLLEGE OF SOUTHERN NEVADA MUST BE REPAYED IN THE FULL AMOUNT WITHIN THIRTY (30) DAYS SHOULD EMPLOYEE FAIL TO MEET THE ESTABLISHED TRAINING REQUIREMENTS.

EMPLOYEE FURTHER AGREES THAT SHOULD PAYMENT NOT BE RECEIVED WITHIN THIRTY (30) DAYS OF FAILURE TO MEET ESTABLISHED REQUIREMENTS, THE AMOUNT PENDING MAY BE WITHHELD FROM THE EMPLOYEE'S FIRST PAYCHECK IMMEDIATELY FOLLOWING THE THIRTY (30) DAY GRACE PERIOD. SHOULD EMPLOYEE TERMINATE EMPLOYMENT AT CSN PRIOR TO COMPLETION OF APPROVED TRAINING, THE UNPAID BALANCE WILL BE DEDUCTED FROM THE EMPLOYEE'S FINAL PAYCHECK.

EMPLOYEE AGREES THAT IF COURSES ARE PAID FOR BY ANOTHER MEANS OF SPONSORSHIP, THE TRAINING APPLICATION MAY BE VOIDED AND REVOKED AT ANY TIME.

EMPLOYEE AUTHORIZES THE OFFICE OF ADMISSIONS AND RECORDS TO RELEASE THE FINAL GRADES TO THE OFFICE OF HUMAN RESOURCES.

EMPLOYEE HEREIN AGREES TO PAY THE COLLEGE OF SOUTHERN NEVADA AND ASSIGNOR, TOGETHER WITH ALL ATTORNEY'S FEES AND OTHER COSTS, ALONG WITH ANY CHARGES NECESSARY FOR THE COLLECTION OF ANY AMOUNT NOT PAID WHEN DUE. THIS AGREEMENT WILL CONTINUE TO BE BINDING UNTIL FULL PAYMENT HAS BEEN RECEIVED.