



PRE-APPROVAL TRP APPLICATION

Department of Correction

CREATED JULY 2019

INSTRUCTIONS: The completed Pre-Approval TRP Application, course description(s), documentation of college/university's State of Indiana accreditation, and documentation of cost of tuition per credit hour/semester from school website must be submitted to TRP@idoc.in.gov no later than two (2) weeks prior to the start date of the course(s). Please refer to the Tuition Reimbursement Program (TRP) Executive Directive for additional information and email TRP@idoc.in.gov with questions.

NOTE: If any of the information in the Pre-Approval TRP Application changes, it is the participating employee's responsibility to notify the TRP Committee of the change within three (3) business days.

Name (Last, First, Middle Initial)		PeopleSoft Number (PSID)	Last four digits of SSN
Facility/Location		Hire Date (MM/DD/YYYY)	State Vendor Number*
Job Title	Work Telephone Number	Work E-Mail Address	

*Employees will need to be registered as a State of Indiana Vendor to receive reimbursement. Refer to the TRP Executive Directive Section II Part F for information on how to register.

STATE OF INDIANA ACCREDITED UNIVERSITY/COLLEGE		
Name of State of Indiana Accredited University/College attending:		Total credits taken prior to this semester:
Type of Degree (select one): <input type="checkbox"/> Doctorate <input type="checkbox"/> Master <input type="checkbox"/> Bachelor <input type="checkbox"/> Associate <input type="checkbox"/> Certificate		
Degree Major/Certificate Title:	Expected date of graduation:	Applying for semester season (select one): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

COURSE 1		
Course number	Name of Course	Credit Hours
Date Course begins	Date Course ends	Tuition per credit hour

COURSE 2		
Course number	Name of Course	Credit Hours
Date Course begins	Date Course ends	Tuition per credit hour

Briefly explain why you feel the course(s) that you have selected will improve your present job performance and/or prepare you for advancement.

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COST		
Estimated Tuition Fees	Estimated Additional Fees	Total Estimated Cost

FINANCIAL AID	
Do you anticipate receiving any other form of financial aid (excluding student loans) or tuition reimbursement (such as scholarships and grants)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

AGREEMENT FOR RECOUPING TUITION REIMBURSEMENT PAYMENTS	
As a condition of receiving education assistance, I agree to continue employment with the Indiana Department of Correction for at least eighteen (18) months after the completion of _____ and _____.	
(Name of Course 1)	(Name of Course 2, if applicable)
In the event I leave employment (resign, retire, transfer, dismissed) with the Indiana Department of Correction prior to the expiration of the eighteen (18) month period for any reason, I will repay the amount of tuition reimbursement that I received for the above named course(s). The amount will be prorated by dividing the amount I received by eighteen (18) months, and then	

multiplied by the number of months remaining in the period I agreed to remain employed. I will notify the TRP Committee upon notice of resignation, retirement, transfer, or upon dismissal. I will pay the full amount of prorated reimbursement, or set up a payment arrangement with the committee within two weeks of separation. Any payment arrangement must be completed as soon as possible and not to exceed one year from separation.

I UNDERSTAND AND AGREE THAT NOTHING HEREIN SHALL BE CONSTRUED AS A CONTRACT OR PROMISE OF CONTINUED EMPLOYMENT, OR NEGATE, IF APPLICABLE, MY AT-WILL EMPLOYMENT STATUS.

Signature of Applicant	Date (MM/DD/YYYY)
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CHECKLIST FOR PRE-APPROVAL TRP PACKET

- Completed Pre-Approval TRP Application
- Course 1 description
- Course 2 description
- Documentation of College/University's State of Indiana accreditation
- Documentation of cost of tuition per credit hour/semester from school website

CERTIFICATION

I acknowledge that I have read and fully understand all of the requirements and procedures that were stated in the Indiana Department of Correction Tuition Reimbursement Program Executive Directive and agree to adhere to them. All the information that I have disclosed above is correct and accurate. I have been employed with IDOC full-time for at least six (6) continuous months and am a current active employee. (If I have received a Performance Appraisal) I have met or exceeded overall rating on the most recent review year. I hereby apply for participation in the Tuition Reimbursement Program covering the course(s) listed above. If any of the information listed above changes, I will notify the TRP Committee within three (3) business days.

Signature of Applicant	Date (MM/DD/YYYY)
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RECOMMENDATION

I certify the course(s) will improve and/or increase the employee's job skill, contribute to his/her job performance, and/or prepare the employee for advancement within the Department. (If the employee has received a Performance Appraisal) I certify the employee has met or exceeded overall rating on the most recent review year.

Immediate Supervisor's Recommendation is Accepted Declined

Reason(s) for declination if applicable:

Signature of Immediate Supervisor	Date (MM/DD/YYYY)
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Printed name of Immediate Supervisor	Job Title of Immediate Supervisor
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I certify the course(s) will improve and/or increase the employee's job skill, contribute to his/her job performance, and/or prepare the employee for advancement within the Department. I accept any financial impact this approval may incur.

Executive Director/Warden's Recommendation is Accepted Declined

Reason(s) for declination if applicable:

Signature of Executive Director/Warden	Date (MM/DD/YYYY)
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FOR TRP COMMITTEE USE ONLY

Applicant meets eligibility requirements Yes No

Reimbursement amount received fiscal year to date:

TRP Committee's Recommendation is Approved Denied

Reason(s) for denial if applicable:

Pre TRP App submitted on: _____ If approved, Post TRP App due on(30 days after course end date): _____

Signature of TRP Committee Member	Date (MM/DD/YYYY)
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Notification of Approval/Denial date: