



This form appries the participant's local region/site of his or her participation in the Employee Graduate Tuition Reimbursement Program and solicits approval of and authorization for that participation. Final DCS approval and authorization will be determined by the Tennessee Department of Children's Services' (DCS) Executive Director of Human Resources.

All new applicants are required to submit this form with their other application materials.

**Send to:
Department of Children's Services
Tuition Assistance Programs
UBS Tower, 7th Floor
315 Deaderick Street
Nashville, TN 37243**

OR scan and email to: IV-E_Tuition EI-DCS IV-E_Tuition.EI-DCS@tn.gov

This verifies that _____ **is approved to participate in the Employee Graduate**
Program Participant
Tuition Reimbursement Program as a student for the _____ **semester (summer-fall-spring).**
Semester/Year

This approval is granted because the employee:

1. Is employed with the Department in a direct service position (DCS Case Manager 2, 3, 4 or Team Coordinator).
2. Is in good standing with the Department: --not on probationary incident --no current or pending disciplinary action --no history of disciplinary action within the past three (3) years; written warnings, suspensions, demotions, and/or terminations;
3. Is not on initial probation in current position.
4. Has completed any prior work commitments or contracts to the Department (e.g. BSW/BSSW Tuition Program Agreement);
5. Has a current Job Performance Plan (JPP);
6. Has received a Performance Evaluation (PE) within the past 12 months with a most recent score of at least "valued";
7. Has applied and been accepted for initial enrollment or continuing enrollment in an accredited graduate or in-candidacy participating university program to pursue a graduate degree in an approved Human Services field: Social Work, Counseling, Psychology, Child Development, or Sociology; and
8. Agrees that class attendance and/or participation in field placement activities will not unduly interfere with the completion of assigned job duties.

Employee's Name

Employee Signature

Date

Immediate Supervisor's Name

Immediate Supervisor's Signature

Date

DCS Appointing Authority or Designee's Signature
(Regional Administrator (RA) Regional Investigations Director (RID), or Executive Director as appropriate)

DCS Appointing Authority or Designee's Signature



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.