I. PURPOSE AND SCOPE

This policy has been established to provide educational opportunities to all full-time, benefits-eligible employees to encourage their development through formal education. To participate, employees must have completed at least six (6) months of employment.

II. POLICY PROVISIONS

A. Under limited circumstances, employees may enroll in college courses at TSU during regular business hours. Request to take courses at other college campuses may also be considered.

B. Prior to registering for a class during work hours, an employee must obtain written approval from their immediate supervisor and must also notify the Department of Human Resources. The employee is required to submit the following documents to both to their immediate supervisor and the Department of Human Resources: 1) a completed Request for Educational Opportunity form (See Addendum A), 2) a copy of the proposed class schedule.

C. Courses may be job-related, degree-related or for TSU career development. Each employee is limited to a maximum of three (3) hours per week for course attendance. The employee is required to make up all work hours missed prior to the end of each pay period. Time off for course attendance will not be charged to vacation or sick leave. Any time not made up by the employee by the end of the pay period will be subject to salary deductions. Under this program, the employee is solely responsible for all costs of course enrollment, including tuition, books, supplies, and other costs associated with the course.

III. REVIEW AND RESPONSIBILITIES

Responsible Party:   Associate Vice President of Human Resources (or designee)

Review:     Every four years, on or before September 1
VI. APPROVAL

Edward C. Ness
Vice President for Administration and Finance

John M. Rudley
President

Effective Date March 2016
Addendum A

*Request for Educational Opportunity

Date ____________

Employee Name ___________________________________________________________

Employee Job Title _______________________________________________________

Department ______________________________ Campus Phone ___________________

PROPOSED CLASS SCHEDULE

<table>
<thead>
<tr>
<th>CLASS TITLE</th>
<th># OF CREDIT HRS.</th>
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Certification and Approvals:

Employee: ______________________________ Date ____________

Supervisor: ______________________________ Date ____________

Human Resources: ______________________________ Date ____________

*Attach a copy of the class schedule