

REQUEST FOR EMPLOYMENT INFORMATION

Date:

To: _____

Company Name/Supervisor

Address of Company

City, State and Zip Code

(Area Code) Phone Number

CHANGES IN EMPLOYMENT CIRCUMSTANCES BEYOND THE STUDENT'S CONTROL

STUDENT – your employer must provide the information requested below. *Note: This form is to be used as a guideline to help the student with documentation of a exception to Tuition Policy. The Tuition Appeals Committee reserves the right to ask for additional information from the student so a fair decision can be made.

EMPLOYER – You must answer the following questions below by circling the answer or filling in the dates requested. Must be printed off on company letterhead.

The student, _____, has submitted a Tuition Petition Form requesting a tuition refund for the _____ term. The student's reason for requesting a tuition refund is due to changes in work hours or location of employment, either of which was **beyond the student's control** and prevented the student from attending registered courses for that term.

Date of Letter

1. What was the student's work schedule prior to the changes taking place?

2. Give a date as to when the **employee** (student) was first notified of the change(s) to take place. (If a memorandum was sent to the student, please provide a copy of the memorandum)

3. Was the change an increase in work hours? Please circle your answer: Yes No If you answered yes specify the hours of work before change: start time _____ hrs. to _____ hrs.
Hours of work after the change: start time _____ end time _____.

4. Was this a change in the days worked? Please circle your answer: Yes No If you answered yes specify the days worked prior to change: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Days worked after the change: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

5. Did the student have a choice in accepting the change(s)? Circle your answer. Yes No

6. If applicable, give the new work location _____, and date the employee (student) was first notified of the change in work location _____.

7. When was the employee first hired for this position.

Supervisor Signature

(Area Code) Phone Number

All information requested must be provided. If any of the above information is excluded, the student's Petition will be rendered incomplete and a decision will not be made. Should you have any questions on any of the information being requested, please feel free to contact our office at (303) 556-2324. Our Fax number is (303) 556-4829.