

Health and Human Services Enterprise

Request for Educational Leave

Section I. To be completed by the employee when requesting time off to attend school and/or financial assistance for tuition reimbursement. The employee sends the completed form to the supervisor.

Name Casey Haney		Employee ID 00000234353	Agency HHSC
Shift	Functional Title Deputy Chief of Staff	Classification Title Director V	

Educational Program

School, University, or College Name University of Texas at Austin	Credential or Degree Sought MBA
(1) Course Name	
(2) Course Name	
(3) Course Name	

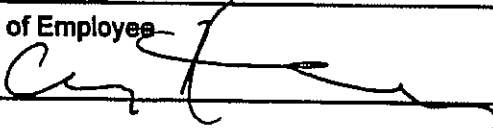
Educational Leave Request Statement

I am requesting paid time away from my regular job duties to attend school beginning on the date of August 2013 and ending on the date of _____.

If my leave request is approved, I will be absent from work from the hours of _____ N/A _____

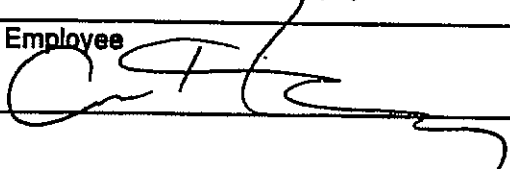
on the following weekdays: _____ N/A _____

In all, I am requesting a total of 0 hours of educational leave.

Signature of Employee 	Date March 22, 2013
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Financial Assistance

I am requesting financial assistance to pay for tuition reimbursement.

Signature of Employee 	Date March 22, 2013
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Section II. To be completed by the supervisor and sent to the second-line supervisor.

The employee does does not meet the eligibility requirements for educational leave.

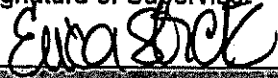
If the employee meets the eligibility requirements and the supervisor is recommending that educational leave be approved, state the actions that would be taken to cover the employee's regular duties during his or her absence:

Mr. Haney will not be absent during normal business hours.

Employee has signed an employment obligation agreement (if applicable).

I am am not recommending approval of this leave.

Signature of Supervisor



Date

March 22, 2013

Section III. To be completed by the second-line supervisor and sent to the supervisor.

The employee's request for educational leave and/or financial assistance is

- Approved
- Disapproved
- Partially approved as follows:

Signature of Second-line Supervisor



Date

3.25.13

The supervisor sends a copy of the form and employment obligation agreement (if applicable) to the HHS human resources office.

March 22, 2013

I, Casey Haney, agree to remain employed by an agency of the Texas Health and Human Services System or its successor agencies (HHS System) for an amount of time equal to the time it takes me to complete my degree program. If I choose to leave the employment of the HHS System, I understand that I must immediately reimburse the HHS System for any and all tuition and fees it has paid or reimbursed me for. I further understand that I remain an "at-will" employee of the HHS System. As such, the HHS System may choose to terminate my employment at any time, regardless of whether I have completed my degree program or if I have completed my post-graduation employment restriction.

Signature

Casey Haney

Date

3.22.13