Interest-Free Tuition Loan Program Application Form (GBBD E)

To be completed by staff member and supervisor. **Route completed form to Finance.**
Please attach tuition billing (must include name and student ID).
Payment will be sent directly to the educational institution.

Staff Member Name: _____

Address: _____ Date: _____

City/State/Zip: _____ Phone: _____

Current Assignment: _____ Email: _____

Class(es) for which loan is being used:

	Class/Course	Accredited Institution	# of Credits (sem. or qtr. hrs.)	Cost	Start Date	End Date
1.						
2.						
3.						

Applicability/relevance to current assignment: _____

_____ _____
Supervisor/Administrator Approval Total

In consideration of the receipt of a loan for the above class(es), I understand and agree to the following:

1. Payback will begin the pay period immediately following loan approval. Payback will occur through twenty-four consecutive payroll withholdings unless I request a shorter payback schedule. In the event I have an outstanding loan balance and I take an unpaid leave of absence or for any reason employment is severed with the district, the loan balance becomes due immediately. At the district's option, accrued pay may be withheld to pay the balance.
2. Within **ninety days** of completion of the approved course I must submit verification (transcripts) of successful completion ("C" or better – undergraduate level, "B" or better – graduate level, or "Pass" if Pass/Fail) to the district's Professional Learning Registration System as an Out of District Credit (External) request, noting on the request that it involves an Interest Free Loan from the district. The Director for Professional Learning will then process the request and notify me and Finance of the approval status. In the event a course is not successfully completed, the loan balance becomes due immediately.

_____
Staff Member Signature / Agreement

To be completed by Finance in the Business Services Department

Total Outstanding D20 Tuition Loan(s) $_____

_____
Director for Budget and Finance Approval

Monthly Payroll Deduction $_____

Deduction Start Date: _____ Deduction End Date: _____

To be completed by Human Resources Department

Completion Status/Date: _____

_____
Director for Human Resources

Adopted: January 22, 2009 **Revised:** March 31, 2010; September 16, 2013; July 1, 2014; July 1, 2021; July 1, 2024