



Job Lay Off, Emergency Financial Support or Mandatory Work Hour Alteration Tuition Appeal Form

This form must be completed by Supervisor or HR Representative. **Form and signatures cannot be typed.**

Tuition Appeal will be denied and further disciplinary action may be enforced if this form is found to be forged.

Student Information: The student must complete this box before submitting to their Supervisor or HR Rep.

Student Name _____ PPSC Student ID# _____

Student Phone _____ Semester Student is Appealing _____

Student Email _____ Student DOB _____

I authorize the release of employment information necessary to process this Tuition Appeal.

Student Signature

Date

Supervisor/HR Rep Use Only: The student may not write in this box.

Supervisor/HR Rep Name	
Supervisor/HR Rep Title	
Supervisor/HR Rep Phone for Verification	
Supervisor/HR Rep Email for Verification	
Workplace Address	

1. Was the student laid off from this job? () Yes () No
2. Did the student have to obtain this job or increase hours in order to provide financial support for themselves or their family due to emergency circumstances? () Yes () No
3. Did the student have to alter their work hours due to employer mandate? () Yes () No
4. If the employer mandated altered work hours, was it an hour () Increase **OR** () Decrease
5. Briefly describe the circumstances in the lines provided.

6. Would this have affected the student's ability to participate in on campus courses: () Yes () No
7. Would this have affected the student's ability to participate in online courses: () Yes () No
8. Please indicate the starting date of the lay off, new job or altered work hours ____/____/____
Date
9. Is this a permanent change for the student? () Yes () No
If NO, as of what date can/could the student return to their old schedule or job? ____/____/____
Date

Supervisor/HR Rep Signature and Date **(Required)**

Workplace Stamp **(Required)**