



This form appraises the participant's local region/site of his or her participation in the Employee Graduate Tuition Reimbursement Program and solicits approval of and authorization for that participation. Final DCS approval and authorization will be determined by the Tennessee Department of Children's Services' (DCS) Executive Director of the Office of Learning and Development.

All new applicants are required to submit this form with their other application materials.

Send to:
Department of Children's Services
Employee Tuition Assistance Programs
Cordell Hull Building, 7th Floor
436 6th Avenue North
Nashville, TN 37243

OR scan and email to: IV-E_Tuition EI-DCS IV-E_Tuition.EI-DCS@tn.gov

This verifies that _____ **is approved to participate in the Employee Graduate**
Program Participant
Tuition Reimbursement Program as a student for the _____ **semester (summer-fall-spring).**
Semester/Year

This approval is granted because the employee:

1. Is employed with the Department in a direct service position (DCS Case Manager 2, 3, 4 or Team Coordinator).
2. Is in good standing with the Department: --not on probationary incident --no current or pending disciplinary action --no history of disciplinary action within the past three (3) years;
3. Is not on initial probation in current position.
4. Has completed any prior work commitments or contracts to the Department (e.g. BSW/BSSW Tuition Program Agreement);
5. Has a current Job Performance Plan (JPP);
6. Has received a Performance Evaluation (PE) within the past 12 months with a most recent score of at least "3";
7. Has applied and been accepted for initial enrollment or continuing enrollment in an accredited graduate or in-candidacy participating university program to pursue a graduate degree in an approved Human Services field: Social Work, Counseling, Psychology, Child Development, Criminal Justice (with a specified Juvenile Justice component), Sociology, or Public Service Management at Cumberland University. Or Master of Social Work (MSW) or Master of Science in Social Work (MSSW); and
8. Agrees that class attendance and/or participation in field placement activities will not unduly interfere with the completion of assigned job duties.

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|------------------------------------|---|-------------|
| Employee's Name | Employee Signature | Date |
| Immediate Supervisor's Name | Immediate Supervisor's Signature | Date |

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| DCS Appointing Authority or Designee's Signature (Regional Administrator (RA) or Executive Director as appropriate) | DCS Appointing Authority or Designee's Signature |
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Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

