**Tuition Appeal – Unforeseen Job Changes**

Ohio University

Tuition Appeals Committee

Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for the student**

Please have your employer (i.e., supervisor, Human Resources professional, etc.) complete this form and attach it to a letter on business letterhead. The letter needs to include the name of the business, business contact information, and the signature of the person completing the form. The letter and this form need to be submitted with the completed tuition appeal form per the appeal form instructions.

**Instructions for the employer**

The student named above is withdrawing from Ohio University based an unforeseen job change which has, in the student’s judgement, created a conflict with their class schedule. Based on that conflict, the student is appealing the tuition assessed for registration. The information below needs to be completed by the student’s supervisor, a Human Resources professional or other manager with first-hand knowledge of the employment changes.

Employer completes this portion. Please confirm the nature and scope of the student’s change in employment/work responsibilities. **Attach a letter on business letterhead that includes the business name and contact information, the signature of the person completing this form, and details of the circumstances noted below.**

Job change due to: [check/complete any that apply]

\_\_ New position: Date offered (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date began (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Change in responsibilities -- effective date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Change in work shift -- effective date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please outline old and new shift schedules in the attached letter.

New position/duties require the following (check and complete any that apply):

\_\_ Additional work hours, approx. increase per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ effective date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Increase is [check one] 🞎 Permanent 🞎 Long-term (until)\_\_\_\_\_\_\_\_\_ 🞎 Temporary (until)\_\_\_\_\_\_\_\_\_\_\_

\_\_ Additional on-site training, hours per week: \_\_\_\_\_\_\_ # weeks \_\_\_\_ effective date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Additional off-site training, hours per week: \_\_\_\_\_\_\_ # weeks \_\_\_\_ effective date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Additional work-related travel, hours per month: \_\_\_\_\_\_\_\_\_\_\_\_\_ effective date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Additional supervisory responsibility, total employees supervised: \_\_\_\_\_\_\_ effective date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_

\_\_ Required change in location of domicile: effective date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 from (city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Other: Please explain in attached letter how job conflicts with class schedule and date when conflict commenced.

Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Title

Attach letter (on business letterhead) with details as noted above. Return completed form and letter to the student for submission with the tuition appeal form. You can secure this form and the accompanying letter in a sealed envelope.