



Pikes Peak Community College

Job Lay Off Tuition Appeal Form

This form must be completed by student's supervisor or HR representative.

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

Student Information

Name: _____ Student ID #: _____
 Address: _____ Phone number: _____
 _____ DOB: _____

Semester for which Tuition Appeal is requested: _____

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

Student Signature

Date

Student do not write below this line or your Tuition Appeal will be denied.

SUPERVISOR OR HR USE ONLY

Form must be completed in full. If blank spaces exist below, the appeal will be returned or denied.

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

Is this pertaining to a job lay off? () Yes () No

If YES, briefly describe the circumstances of the layoff in the lines provided.

Is this pertaining to mandatory altered work hours? () Yes () No

If YES, briefly describe the circumstances of the unexpected alteration in work hours in the lines provided.

Would this have affected the student's ability to participate in on campus courses: () Yes () No

Would this have affected the student's ability to participate in online courses: () Yes () No

Please indicate the starting date of the job lay off or altered work hours ____/____/____

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 employment? ____/____/____

Supervisor/HR Rep Signature (Required)

Date (Required)