



245 NE 30 RD · Great Bend, KS 67530-9251

Employer Payment Authorization Form

Please complete the following information for employees that your organization intends to support financially for their education. If you are sponsoring more than four employees, please use additional forms. A separate form is required for each course.

In the event of an employee's failure to complete his/her coursework, or if an employee chooses to stop attending class or if the employee is terminated, the employer is still responsible for payments as indicated on this form. The completed form must be presented to the College prior to enrollment or the student(s) must bring it to the first class session.

Course	CRN	Course Dates	Course Location
--------	-----	--------------	-----------------

Employee Name _____ Social Security Number _____
 tuition/fees/special fees (credit courses) non-credit fees textbook costs

Employee Name _____ Social Security Number _____
 tuition/fees/special fees (credit courses) non-credit fees textbook costs

Employee Name _____ Social Security Number _____
 tuition/fees/special fees (credit courses) non-credit fees textbook costs

Employee Name _____ Social Security Number _____
 tuition/fees/special fees (credit courses) non-credit fees textbook costs

Employer _____
Contact Person _____ Email _____
Street Address _____
City _____ State _____ Zip _____
Business Telephone _____ Fax Number _____
Signature _____ Date _____

Please complete and send to the department listed with your course.

For more information or questions regarding this form, contact the Workforce Training & Community Education Division Office at (620) 792-9324 or 866-813-2465. email: higginsa@bartonccc.edu. Additional copies available at www.bartonccc.edu/careers under Workforce Training & Community Education - Student Forms & Information.