



## Request for Tuition Reimbursement

**This form must be approved by the Office of Human Resources prior to or no later than the last day of registration**

Name: \_\_\_\_\_ T# \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Dept. FOAP: \_\_\_\_\_

Monthly Employee: \_\_\_\_\_ Semi-Monthly Employee: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

Semester/Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

### Tuition Reimbursement Program – up to 6 additional credit hours per term

Course	Title	Hours/CEUs	Class Period (time/days) (Ex: T TH 9-10)

Employee's highest degree earned: \_\_\_\_\_ Degree/Area: \_\_\_\_\_

This course of study enhances the employee's value to the home institution as defined below (check one):

- ☐ Support for the pursuit of a terminal degree
- ☐ Support for an employee pursuing a non-terminal degree in a professional or technical area
- ☐ Support for an employee training or retraining to enhance expertise needed by the institution
- ☐ Other (explain): \_\_\_\_\_

Total reimbursement requested: \$ \_\_\_\_\_ Reimbursement may not exceed eligible fees for a maximum of six credit hours per term at the TSU applicable rates.

By requesting support for tuition reimbursement, I agree with the stipulations listed in a-e below:

- The recipient, unless retired, shall be required to be employed by the institution for not less than one month of full-time employment for each month or partial month of the term of participation in the reimbursement program.
- Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for continued participation in the reimbursement program. TSU provides reimbursement at the time fees are due for non-exempt employee attending TSU.
- Courses should be scheduled in consultation with supervisors to assure maintenance of optimum job performance. Courses should be scheduled at times other than during regularly scheduled work hours unless use of annual leave or an adjusted work schedule has been documented and approved by the supervisor prior to enrolling in the course.
- Employees taking graduate courses must earn an "A" or "B" and employees taking undergraduate courses must earn an "A, B or C" to be reimbursed.
- Employees must submit any supporting documents within 30 days after last day of classes
- I will notify the Student Financial Aid Services of this financial assistant at the institution where attending.

I have read and fully understand the requirements (as detailed in the appropriate section of TSU Policy) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement request, and stipulations related to payback provisions

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**Employee Signature**

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**Date**

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I approve the above request and have addressed scheduling issues related to the employee's attendance in the class detailed in the above request.

I understand that a charge is made to the salary account unless grant funds disallow the expense.

☐ **Grant Funds allow expense**

☐ **Grant Funds do not allow expense**

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**Supervisor's Signature**

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**Date**

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I attest that the employee meets the program requirements for the above stated request

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**Office of Human Resources**

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**Date**