



Request for Tuition Reimbursement

Name: _____ Employee ID #: _____

Department: _____ Job Title: _____ Office phone: _____

FOAP #: _____ Monthly Employee: () Semi-Monthly Employee: ()

Alternate work scheduled requested: [] Yes [] No If yes, attach schedule

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

Institution: _____ Term: _____

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

Employee's current degree status: _____ 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.

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

- a. 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 of the term of participation in the reimbursement program.
- b. Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for continued participation in the reimbursement program. Institutions may provide reimbursement at the time fees are due.
- c. Courses should be scheduled in counsel 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 leave or other arrangements have been approved by the supervisor prior to enrolling in the course.
- d. I will notify Student Financial Aid Services of this financial assistance.

Name: _____

Employee ID #: _____

I have read and fully understand the requirements (as detailed in the appropriate section of TBR Guideline P-130) 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 requests, and stipulations related to payback provisions.

Applicant's signature

Date

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

Supervisor's signature

Date

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

Office of Human Resources

Date