



Tuition Reimbursement Request Form

Complete separate request form for each term/semester

Employee Name: _____	Employee ID: _____
Date of Hire: _____	Status: _____ Job Title: _____
Facility Name/Number: _____	Date of Request: _____
Educational Institution: _____	
Degree you are seeking: _____	
Course Title(s): _____ _____	
Course Start Date: _____ Course End Date: _____	
<p>Maximum annual reimbursement is \$3,000; see Tuition Reimbursement Policy for requirements for application and reimbursement.</p>	
<p>Payment will be made via payroll on the next administratively feasible paycheck after grades have been approved. Payroll Code: Tuition</p>	
<p>Employee Signature: * _____ Date: _____</p>	
<p><i>*By signing, you acknowledge you have read and understand the Tuition Reimbursement Policy, including the post-course length of service obligations.</i></p>	
<p>Approval: (must be prior to start of course)</p>	
<p>ED Signature: _____ Date: _____</p>	

(Home Office employees: please obtain your department supervisor's approval signature.)

Home Office Use:	
Denied: _____	Denial reason: _____
Approved: _____	
Sr. Director Benefits: _____	Date: _____

Potential Reimbursement:	Amount Used Year to Date:
Total Expenses Confirmed for Reimbursement:	
Offsets for Grants or Scholarships:	
Date Submitted to Payroll:	Request Processed By: