

BASIC INFORMATION

Team Member Name _____ Date of Hire _____

Team Member Address _____

 Location & Department Code _____ - _____ - 682-61610-00000 Position _____

Full-Time or Part-Time (P.R.N. ineligible) _____ Manager Name _____

Tuition Reimbursement Consideration Request

Name of Education Institution _____

Degree/Program _____

Program/Course Start & End Date _____

Estimated Cost Per Course (Tuition and Books) _____

Estimated Total Program Cost _____

Notes _____

 Team Member: _____ ED: _____
Request Date Approval Date

 Manager: _____ HR: _____
Approval Date Approval Date
Tuition Reimbursement Application

Tuition or Book?	Course/Book Title	Course Dates	Amount Paid	Final Grade

Total Tuition Request Amount _____ Total Book Request Amount _____ Total Request Amount _____

*Receipts for each item and documentation of final grades must be attached along with a signed and completed **Employee Expense Reimbursement Form**. Additional requests can be documented on an additional form.

Acknowledgements & Signatures:

By signing below, I acknowledge the amount I am requesting for Tuition Reimbursement has not been paid by any other source and I understand the conditions of the Tuition Reimbursement policy including the Employment and Payback Agreement

RELATED RESOURCES: POLICY: Tuition Reimbursement; Employee Expense Reimbursement Form; POLICY: Professional Certifications and Licenses Reimbursement; PROCESS: Tuition Reimbursement

 Team Member: _____ ED: _____
Date Submitted Approval Date

 Manager: _____ HR: _____
Approval Date Approval Date