

**BASIC INFORMATION**

Team Member Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

Team Member Address \_\_\_\_\_

Location &amp; 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 &amp; End Date \_\_\_\_\_

Estimated Cost Per Course (Tuition and Books) \_\_\_\_\_

Estimated Total Program Cost \_\_\_\_\_

Notes \_\_\_\_\_

Team Member: \_\_\_\_\_ VPCOED: \_\_\_\_\_

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: \_\_\_\_\_ VPCOED: \_\_\_\_\_

Date Submitted

Approval Date

Manager: \_\_\_\_\_ HR: \_\_\_\_\_

Approval Date

Approval Date