



STAFF TUITION REIMBURSEMENT APPLICATION

Employee Information					
Name:			Position:		
Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>		Department:	Ext:	
Schedule: _____ Hrs/Wk _____ Mo/Yr			Supervisor:		
Course/School Information					
School Attending:			Course Title:		
Dates: From _____		To _____			
Degree Program: Yes <input type="checkbox"/> No <input type="checkbox"/>		Major:		Minor:	
If Yes: BA/BS <input type="checkbox"/> Other <input type="checkbox"/>		Course Cost: \$ _____			
Brief Course Description:					
How will the course content be of benefit to the College and you?					
Increase skill and knowledge <input type="checkbox"/>		Maintain skill and knowledge <input type="checkbox"/>		Other, explain below <input type="checkbox"/>	
Are you eligible for other educational benefits: Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, amount of aid less books: \$ _____					
I understand reimbursement is conditional upon satisfactory course completion.					
_____			_____		
Date			Signature		
Application must be signed by Department Head or Chair before sending to HR, see below.					
APPROVAL					
_____		_____		Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Date		Department Head or Chair			
REIMBURSEMENT APPROVAL					
Notice of successful completion attached:			Amount of Reimbursement: \$		
Dept. Account: \$			Lang Fund (Acct. #26002-5125-6612-41): \$		
Pay to the order of:			Department:		
<i>Human Resources Department:</i>			<i>Date:</i>		
TUITION REIMBURSEMENT IS PROCESSED THROUGH THE PAYROLL DEPARTMENT AND WILL BE INCLUDED IN YOUR NEXT PAYROLL CHECK AFTER RECEIPT OF COURSE COMPLETION MATERIALS (tuition bill/final grade).					