**Tuition Reimbursement Request**

**1.** Complete Section I. Tuition reimbursement requests must be in accordance with the requirements found in the Professional Development Guidelines. **2.** Send the completed and signed form to the Human Resources Office for review by the Professional Development Committee. A copy of the application, with approval or denial, will be returned to you to be retained until the end of the semester for final grades to be submitted if approved. **3.** To receive reimbursement for tuition (any non-tuition costs including books and fees are the employee’s responsibility), complete Section II of the Tuition Reimbursement Request form and submit it to the Human Resources Office after the completion of the course. Include a copy of your grades and receipt(s).

# Section I: Initial Request

|  |  |  |
| --- | --- | --- |
| **Employee Name (Last, First MI)**Click here to enter text. | **Position Title** Click here to enter text. | **Supervisor Name & Extension**Click here to enter text. |
| **Ext**Click here to enter text. | **Email**Click here to enter text. | **Department/Division**Click here to enter text. |
| **Term:** [ ]  Fall [ ]  Winter [ ]  Spring [ ]  Summer |  [ ]  Quarter [ ]  Semester [ ] Year | **Term Dates:** Click here to enter text. |
| **Institution/School:** Click here to enter text. |
| **Course #** | **Course Title** | **Units/Credits** | **Days (e.g., MWF)** | **Times (e.g. 2-4)** | **Tuition Cost**  |
| Click here  | Click here to enter text. | Click here | Click here. | Click here to enter text. | Click here to enter text. |
| Click here  | Click here to enter text. | Click here | Click here. | Click here to enter text. | Click here to enter text. |
| Click here  | Click here to enter text. | Click here | Click here. | Click here to enter text. | Click here to enter text. |
| [ ]  I am receiving other financial aid. [ ]  I am not receiving other financial aid. (If yes, provide documentation of amount) |
| **Check the appropriate box:** [ ] College Degree or Specialty Certificate [ ]  Coursework Only Explain how the course is career related (write on back if more room is needed): Click here to enter text.   |
| **The following information is to be completed by the Employee and Supervisor.** 1. Is the education required in order for the employee to meet the minimum educational requirements of his/her present position? [ ]  Yes [ ]  No
2. Is the education required by HLC or by law to keep the employee’s current salary or job? [ ]  Yes [ ]  No
3. And/or does the education maintain or improve skills needed in the current job? [ ]  Yes [ ]  No

NOTE: Tuition Reimbursement from the Professional Development Fund will not exceed $1000 per employee per year.  |

I understand that I am solely responsible for payment of taxes as a result of any reimbursement for education that may be found to be taxable (only if over $5250 total per year: <http://www.irs.gov/publications/p970/ch11.html>). I will submit grades and receipts within 45 days of the end of the term to the Human Resources Office.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature | Date | Supervisor Signature | Date |
| Chair of the Professional Development Committee | Date |

Section II: Subsequent to Successful Completion:

**I hereby request reimbursement for the previously approved classes. Attached are the relevant grades and itemized receipt(s).**

If your enrollment in a class listed on the Tuition Reimbursement Request form changes after original submission of the request, please submit an explanation for not enrolling (e.g., class full, class not offered this quarter/semester) and provide the relevant information for any substituted class.

Course Final Grade(s): Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

If you did not receive a satisfactory grade for any course, or if a course is not completed, the request for reimbursement will be nullified and cancelled.

 Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

 Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL DEVELOPMENT COMMITTEE ONLY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been authorized for $ \_\_\_\_\_\_\_\_\_\_\_\_ in tuition reimbursement.

Chair of Professional Development Committee’s

Signature of Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_