

EMPLOYEE EDUCATIONAL ASSISTANCE PROGRAM

REQUEST FOR AUTHORIZATION TO REIMBURSE EMPLOYEE'S FEE/TUITION*

Employee Name		Title	
Employee ID		Employing Department	
Proposed Coursework (Course Title & Number)			
Starting Date for Course _____	Ending Date For Course _____	No. of Credits	To be taken at:
Costs associated with the course:		Proposed course is:	
(a) Fee/Instruction Cost		<input type="checkbox"/> Job Related	
_____		<input type="checkbox"/> Career Related Undergraduate	
(b) Segregated Fee		<input type="checkbox"/> Career Related Graduate	

Total			

NOTICE: Due to the frequent changes in tax laws regarding tuition reimbursements, the most recent IRS regulations should be consulted regarding potential tax liability. Educational expenses reportable by the University as income to the employee may result in tax withholding on employee paychecks.			
How does the proposed course of study relate to the employee's current job assignment/position duties? How will the course-provided knowledge/techniques improve employee's performance and usefulness?			
I have reviewed the supporting documentation and recommend reimbursement.			
Supervisor	Date	If disapproved, state reason.	
Appointing Authority	Date		
Institutional	Date		
Percent of Reimbursement	Amount	Funding Source (Coding)	

*Institutions may develop and use their own form for approval purposes provided it contains appropriate information required in this policy document.