

EMPLOYEE EDUCATIONAL ASSISTANCE PROGRAM

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

{PRIVATE }			
Employee Name		Classification/Title	
Social Security Number		Employing Department	
Check one: () Unclassified Staff () Nonrepresented Classified () Represented Classified--please indicate Bargaining Unit Number _____			
Proposed Coursework (Course Title & Number)			
Starting Date for Course _____		To be taken at:	
Ending Date For Course _____	No. of Credits		
Costs associated with the course: (a) Fee/Instruction Cost _____ (b) Segregated Fee _____ <div style="text-align: center;">Total</div> _____		Proposed course is: () Job Related () Career Related Undergraduate () Career Related Graduate	
NOTICE: Due to the frequent changes in tax laws regarding tuition reimbursements, the most recent IRS regulations should be consulted regarding potential tax liability.			
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.