

## STAFF TUITION REIMBURSEMENT APPLICATION

Employee Info	ormation		Position:	Desition:		
Name:						
Full Time:	Part Time: 🗆		Department:		Ext:	
Schedule:	Hrs/Wk	Mo/Yr	Supervisor:			
Course/School Information						
School Attending: Course Title:						
Dates:	Dates: From		То			
Degree Program: Yes 🗆 No 🗆			Major:	Minor:		
If Yes: BA/BS  Other  Other			Course Cost: \$			
Brief Course Description:						
How will the course content be of benefit to the College and you?						
Increase skill and knowledge  Maintain skill and knowledge  Other, explain below						
Are you eligible for other educational benefits: Yes $\Box$ No $\Box$						
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						
				Approve	d 🗆 Disapproved 🗆	
Date		Department Head	or Chair	Approve		
REIMBURSEMENT APPROVAL						
Notice of successful completion attached:			Amount of I	Amount of Reimbursement: \$		
Dept. Account: \$			Lang Fund (	Lang Fund (Acct. #26002-5125-6612-41): \$		
Pay to the order of:			Department	Department:		
Human Resources Department:			Date:	Date:		
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).						