



TUITION REIMBURSEMENT REQUEST FORM

DATE _____
 NAME _____
 EMAIL ADDRESS _____
 CENTER _____ DIVISION _____

COURSE(s) COMPLETED	GRADE	COST OF TUITION	FEES	TOTAL COST PER COURSE	(HR Use) AMOUNT TO BE REIMBURSED*

COURSE GRADE REPORT OR TRANSCRIPT ATTACHED
 RECEIPT SHOWING ALL CHARGES FOR THE COURSES AND ANY FINANCIAL AID ATTACHED

I HAVE COMPLETED THE TUITION REIMBURSEMENT APPLICATION AND AGREEMENT AND UNDERSTAND AND AGREE TO THE TERMS OUTLINED.

EMPLOYEE SIGNATURE _____
 DATE _____

*MAXIMUM ANNUAL NON-TAXABLE REIMBURSEMENT LIMIT \$5,250
 *MAXIMUM ANNUAL REIMBURSEMENT LIMITED TO \$12,000,

TOTAL REIMBURSEMENT _____

Taxable
 Non-Taxable

HR MANAGER APPROVAL

