



TUITION REIMBURSEMENT APPLICATION AND AGREEMENT

EMPLOYEE/COURSE INFORMATION

EMPLOYEE NAME _____ CENTER _____
JOB TITLE _____

INSTITUTION NAME _____

Table with 4 columns: COURSE TITLE, COURSE #, UNITS, CLASS DAYS/TIME

DATE COURSE(S) BEGIN: _____ END _____

TUITION AMOUNT: _____ REGISTRATION/LAB FEES: _____

ACADEMIC LEAVE REQUESTED: YES NO

EXPLAIN HOW THIS COURSE WILL HELP IN YOUR CURRENT POSITON OR IN THE NEXT STEP IN YOUR CAREER PATH IN AURA:

Blank lines for explanation text

By signing below, I acknowledge that I have read and understood the NSF Tuition Reimbursement Procedure, and agree to the following:

- I am a regular full-time employee.
Academic course work must be related to the mission of the AURA-NSF Centers and directly related to current work or commonly expected future work for AURA or must be required to fulfill degree requirements in a curriculum which is related to the employee's job.
I will be reimbursed for tuition costs for the successful completion of up to six (6) credit hours per semester, plus various mandatory fees such as lab fees and registration fees. The annual maximum tuition reimbursement, regardless of credit hours, shall not exceed \$12,000 per calendar year. Any amount of tuition reimbursement that exceeds \$5,250 is considered a fringe benefit of the job and is automatically a taxable event.
Reimbursement rates are based on the grade received: grades A and B at 100%, and grade C at 50%. Grades lower than C do not qualify for reimbursement. I agree to submit proof of completion of the course work with grades and receipts.
If I voluntarily terminate employment, I must repay in full any tuition reimbursement benefits received within one (1) year of the termination date. Tuition repayments will be deducted from my final pay if not repaid in advance of the termination date. In the event final pay is insufficient to recover tuition benefit payments, the organization and I will document a repayment plan (not to exceed three (3) months) to recover the outstanding balance due.
Additionally, I certify that if I will be receiving any funds for this course(s) from other sources, the total funds I receive from all sources will not exceed the cost of the course fees.

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____

HR Manager Approval _____ Date _____