Tuition Reimbursement Request – Outside Institutions

Seeking a: Bachelor's Degree Master's Degree Doctorate Please provide your department's 5 digit account #: Employee Name: Position: Institution Name: Tuition Cost Paid Per Credit: # Credits Requested: Semester: Winter Spring Summer FallYear: Course 1: Course Dates: Course 2: Course Dates: Rationale: How is the coursework related to the employee's job?	
Employee Name: Position:	
Institution Name: # Credits Requested: Semester: Winter Spring Summer FallYear: Course 1: Course Dates: Course 2: Course Dates: Course 3: Course Dates:	
# Credits Requested: Semester:	
# Credits Requested: Semester:	
Course 1: Course Dates: Course 2: Course Dates: Course 3: Course Dates:	
Course 1: Course Dates: Course 2: Course Dates: Course 3: Course Dates:	
Course 2: Course Dates: Course 3: Course Dates:	
Course 3: Course Dates:	
Rationale: How is the coursework related to the employee's job?	
I hereby verify that I have not received any financial assistance from any other sources, including grants, scholarships, stipends,	s, etc. o
behalf of this tuition reimbursement request and the tuition expenses submitted have been entirely paid for by me.	
Management Employees Only: I understand that if I leave employment with the college within 1 year of attaining my degreceiving a \$1,400 salary increment, I will be responsible for repaying 100% of the tuition reimbursement I have received in the	•
years immediately prior to receiving the increment. If I complete 1 year of service but less than 2 years, I will be response repaying 50% of that amount. A copy of the policy outlining this requirement has been given to me.	
Employee Signature: Date:	
Please check with your tax advisor to determine if you are liable for taxes on this benefit.	

	Approvals	Date
AAPF		
Vice Pres.		
CCMSA		
Dept. Head		
Vice Pres.		
Chair / Assist Chair		
Div. Dean		
Vice Pres.		
Mgmt. / Mgmt. Sup.		
Vice Pres.		
President		
FACCM		
Div. Dean		
Vice Pres.		

Filing Requirements				
	Division	Transcripts/Bills		
	Approvals	to HR		
AAPF	All requests must	All transcripts and		
Chair / Asst Chair	be approved prior to	tuition bills must be		
Mgmt / Mgmt Sup	beginning	presented by		
_	coursew ork.	June 30th.		
CCMSA / FACCM:				
Fall	Oct 1	Mar 1		
Spring	Feb 1	Jun 24		
Summer	Jun 1	Aug 31		
Failure to present	documentation within the requ	uired timeframes shall		
exclude the emplo	yee from eligibility even thoug	h prior approval w as		
	obtained.			