AFT FACULTY AND PROFESSIONAL STAFF
REQUEST FOR TUITION REIMBURSEMENT

Name: __________________________ Title: __________________________ Date: _____________

Contract/Tenure Status: ___________________________________________________________

Unit: __________________________ Area of Teaching or Work: __________________________

Title(s) of Course(s): _____________________________________________________________

Credits: __________

Cost of Tuition per Credit: $__________ Total Credits: __________

Institution: __________________________ Fiscal Year: __________________________

Semester Enrolled: Summer___ Fall___ Spring___

Are courses job related? ______ (Please check)

If Yes, please explain. (This must be completed in the case of tuition reimbursement for graduate course work to determine if the benefit is taxable)

________________________________________________________________________________

Supporting reason for request (Include impact on professional development and courses you teach. Additional pages may be added.)

________________________________________________________________________________

________________________________________________________________________________

SIGNATURE OF EMPLOYEE
Print Name __________________________ Date __________

SIGNATURE (UNIT HEAD)
Print Name __________________________ Date __________

SIGNATURE (UNION REPRESENTATIVE)
Print Name __________________________ Date __________

RECOMMENDATION OF EMPLOYEE RELATIONS
Priority Status —
(1) Those employees who are enrolled in a terminal or graduate degree program for which the employee previously received tuition reimbursement.
(2) Those employees embarking upon an approved terminal or graduate degree program.
(3) All other circumstances

RECOMMENDED____ DISAPPROVED____

SIGNATURE (Assistant Director of Employee Relations) __________________________ Date __________

RECOMMENDATION OF VICE PRESIDENT OR DEAN:

RECOMMENDED____ DISAPPROVED____

SIGNATURE OF VICE PRESIDENT/DEAN __________________________ Date __________

RECOMMENDATION OF PROVOST:

RECOMMENDED____ DISAPPROVED____

SIGNATURE OF PROVOST __________________________ Date __________

ACKNOWLEDGEMENT OF RECEIPT BY VICE PRESIDENT, ADMIN. & FINANCE: __________________________