



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: _____
_____ Credits: _____

Cost of Tuition per Credit: \$ _____ Total Credits: _____

Institution: _____ Semester Enrolled:
Fiscal Year: _____ Summer ___ Fall ___ Spring ___

Are courses job related? [Y] [N] (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: _____

FOR OFFICE USE ONLY:
Sex _____
Ethnicity _____