

AFT FACULTY AND PROFESSIONAL STAFF REQUEST FOR TUITION REIMBURSEMENT

Supporting reason for request (Include impact on professional development and courses you teach. Additional pages may be added Signature of EmpLoyee	Name:	Title:		Date:
Title(s) of Course(s): Credits: Credits: Credits: Credits: Institution: Semester Enrolled: Fiscal Year: Are courses job related? V 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 to	Contract/Tenure Status:			
Credits: Comment of course read course ever to determine if the benefit ever to determine of the propertion of	Unit:	Area of Tead	ching or Work:	
Cost of Tuition per Credit: \$				
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Institution: Semester Enrolled: 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 supporting reason for request (Include impact on professional development and courses you teach. Additional pages may be added supporting reason for request (Include impact on professional development and courses you teach. Additional pages may be added supporting reason for request (Include impact on professional development and courses you teach. Additional pages may be added supporting reason for request (Include impact on professional development and courses you teach. Additional pages may be added supporting reason for request (Include impact on professional development and courses you teach. Additional pages may be added supporting to the pages may be added and courses you teach. Additional pages may be added to the page of the page				
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Supporting reason for request (Include impact on professional development and courses you teach. Additional pages may be added Signature of Employee	Are courses job related?	(Please check)		
SIGNATURE (UNIT HEAD) 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 RECOMMENDED DISAPPROVED DATE SIGNATURE OF VICE PRESIDENT/DEAN Date RECOMMENDATION OF PROVOST: RECOMMENDATION OF PROVOST: RECOMMENDED DISAPPROVED DISAPPROVED DISAPPROVED DISAPPROVED DATE PRINT Name Date	If Yes, please explain. (This must be completed in benefit is taxable)	the case of tuition reimbu	rsement for graduate course v	work to determine if the
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RECOMMENDED DISAPPROVED ▶				
	RECOMMENDED DISAPPROVED			
	► ACKNOWLEDGEMENT OF RECEIPT BY VICE	E PRESIDENT, ADMIN. &	FINANCE:	

 ${\it JF/P:} Shared \verb|\Er/Tuition| Reimbursement \verb|\AFT| Tuition| Reimburse Form AUGUST| 2013. doc$

FOR OFFICE	USE ONLY:
Sex	
Ethnicity	