



# EMPLOYEE RELATIONS

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ramapo.edu/er

## AFT FACULTY AND PROFESSIONAL STAFF REQUEST FOR TUITION REIMBURSEMENT

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contract/Tenure Status: \_\_\_\_\_

Unit: \_\_\_\_\_ Area of Teaching or Work: \_\_\_\_\_

Semester Enrolled: Summer \_\_\_ Fall \_\_\_ Spring \_\_\_ Title(s) of Course(s): \_\_\_\_\_ Credits: \_\_\_\_\_

\_\_\_\_\_ Credits: \_\_\_\_\_

Cost of Tuition per Credit: \$ \_\_\_\_\_ Total Credits: \_\_\_\_\_  
Institution: \_\_\_\_\_ Are courses job related?  Y  N

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.)

\_\_\_\_\_  
\_\_\_\_\_

▶ \_\_\_\_\_  
**Digital Signature of Employee**

▶ \_\_\_\_\_  
**Digital Signature of Unit Head**

▶ \_\_\_\_\_  
**Digital Signature of AFT Rep.**

**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 (DIRECTOR of EMPLOYEE RELATIONS)**

**RECOMMENDATION OF VICE PRESIDENT OR DEAN:** **RECOMMENDED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_

▶ \_\_\_\_\_  
**Digital Signature of VP/Dean**

**RECOMMENDATION OF PROVOST:** **RECOMMENDED** \_\_\_\_\_ **DISAPPROVED** \_\_\_\_\_

▶ \_\_\_\_\_  
**Digital Signature of Provost (if Faculty)**

▶ **ACKNOWLEDGEMENT OF RECEIPT BY VP FOR OPERATIONAL INTEGRATION:** \_\_\_\_\_

