

TUITION REIMBURSEMENT APPLICATION

PART 1: EMPLOYEE APPLICATION					
Last Name	First Name	Employee ID	Email	Work Phone Number	Employee Status
Department	Division	Manager's Last Name	Manager's First Name	Manager's Email	Manager's Work Phone
Name of Accredited Institution	Institution's URL	City	State	Degree Program	Major Field of Study
Certification Title	Licensure Title	Other	Course Number	Course Title	Credit Hours
				Yes	No
Type of course	Course Start Date	Course End Date	Course Delivery	Will completion of this program or course benefit you in completion of your current and/or potential job duties?	
Course Meeting Days	Course Meeting Start Time	Course Meeting End Time	Are you requesting Educational Leave?	Is this course available outside your regularly scheduled work hours?	Course Cost/Tuition
Name of Fee	Fee	Name of Fee	Fee	Name of Fee	Fee
<i>In the space above, enter a brief description of the course and how it will directly benefit you and the university.</i>					
Employee's Electronic Signature			Today's Date		
<i>My electronic signature above certifies that the above is true to the best of my knowledge and I have met with my supervisor to establish my eligibility and obtain their approval to submit this application for Tuition Reimbursement, and I have carefully read and followed the App State Tuition Reimbursement policy guidance. I understand that educational leave is not an absolute right and is subject to supervisory approval and that reimbursement is conditional upon eligibility, satisfactory course completion, availability of funds, and that reimbursement may be subject to withholding and FICA taxes.</i>					

PART II: MANAGER APPROVAL		
Yes	No	The employee meets the eligibility requirements to participate in the Tuition Reimbursement program (i.e. they are: full-time, part-time (half time or more), permanent, time-limited, or probationary and have demonstrated satisfactory performance for a period of not less than six months since their first day of employment, and there is no current disciplinary action for job performance or personal conduct.
Yes	No	I have verified that this course is offered by an institution accredited by the US Department of Education.
Yes	No	Completion of the course will be beneficial to both the university and the employee.
Yes	No	This course relates to the employee's current job skill needs.
Yes	No	This course relates to the employee's future job skill needs.
Yes	No	I agree to approve Educational Leave for the employee to attend classes that meet during the employee's regularly scheduled work hours. I understand that the employee must request/report it as <i>MSA-Misc. Leave Administrative</i> through the established channel for leave request/reporting.
Yes	No	Funds are available at the department level and I have obtained approval for them to be encumbered, and reimbursed only upon satisfactory completion of the course and submission of request for reimbursement by the employee as outlined in the App State Tuition Reimbursement policy guidance
Yes	No	This course has been identified, described, and documented in the employee's annual performance plan.
Manager's Electronic Signature		Today's Date
<i>My electronic signature above certifies that the above is true to the best of my knowledge and I have carefully read and followed the App State Tuition Reimbursement policy guidance</i>		

PART III: DEPARTMENT BUDGET MANAGER APPROVAL		
	739510	
Tentative Amount to be Reimbursed	Account Code	Department Fund
Department Budget Manager's Signature & Date		Department Budget Manager's Printed First and Last Name
<i>My electronic signature above certifies that department funds are available and encumbered for reimbursement to the employee upon satisfactory completion of the course and submission of Request for Reimbursement by the employee as outlined in the App State Tuition Reimbursement Policy.</i>		

REQUEST FOR TUITION REIMBURSEMENT

PART IV: TO BE COMPLETED BY EMPLOYEE WITHIN 30 DAYS OF COURSE COMPLETION

Checklist:

Upload the completed **Application for Tuition Reimbursement**

Upload course grades

Upload itemized receipt

Total Amount Requested for Reimbursement

Enter total amount for which you are requesting reimbursement in the box above.

Employee's Electronic Signature

Today's Date

PART V: TO BE COMPLETED BY DEPARTMENT BUDGET MANAGER

Total Amount Approved for Reimbursement

Department Budget Manager's Electronic Signature

Today's Date

*My electronic signature above certifies that I have reviewed and approved the employee's **Request for Reimbursement**, the **Total Amount Approved for Reimbursement** meets the **Allowable Costs** outlined in the [App State Tuition Reimbursement policy guidance](#) and I will process this reimbursement as a direct pay request in Yo Mart or Chrome River, as appropriate.*