

Job-Related Training and Education Employee Request Form

(Information should be completed in accordance with Policy 33 of The Handbook of Operating Procedures)

Employee Name _____ Employee I.D. _____ Phone # _____

Department _____ Supervisor _____ Phone # _____

Eligibility Requirements: (You must meet the following requirements to be eligible for tuition reimbursement)

- Successfully completed probationary period? Full-Time UTHealth Employee :
 Enrolled in a Degree/Certification Program? (If "Yes", describe anticipated degree, major and anticipated date of degree completion.)

Name of College, University or Sponsoring Agency _____

Start Date _____ End Date _____ Type of Degree/Certification _____

Are you requesting time off without reimbursement? Are you requesting only reimbursement of allowable expenses?

Are you requesting time off and reimbursement of allowable expenses?

Successfully completed course according to policy

(Successful completion requires a "C" or better on undergraduate and a "B" or better on graduate courses or a "P" on a pass/fail system).

Provided original documentation for tuition and grades or certification program:

Will the employee exceed \$5,250 in this calendar year?

(If "Yes", please contact the System Data Resources (SDR) before processing).

I understand that time off and reimbursement of allowable expenses may be granted only within the University's policy on Job-Related Training and Education and that reimbursement depends upon successful completion of coursework as defined by this policy. I also understand that all reimbursement above \$5,250 in a calendar year may be considered taxable income.

Employee's Signature
(Please Print and Sign) Date _____

Approvals signify support and confirmation of all information on this form.

Supervisor's Authorized Signature
(Please Print and Sign) Date _____

Please attach copies of the tuition statement, grades report or proof of certification and a screen print of the request for reimbursement in PeopleSoft.