

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 #
DepartmentSupervisor		Phone #
Eligibility Requirements: (You must meet the	following requirements to be eligible	e for tuition reimbursement)
 Successfully completed probationary peri Enrolled in a Degree/Certification Program Name of College, University or Sponsoring Age 	n? (If "Yes", describe anticipated degree,	Health Employee : major and anticipated date of degree completion.)
Start Date End Date	Type of Degree/Certification	n
Are you requesting time off without rein	nbursement? Are you reque	sting only reimbursement of allowable expenses?
Are you requesting time off and reimbu	rrsement of allowable expenses?	
Do you acknowledge that you must suc	cessfully complete the course(s) to b	e reimbursed?
(Successful completion requires a "C" or bet	ter on undergraduate and a "B" or better	on graduate courses or a "P" on a pass/fail system).
Do you acknowledge that you must pro reimbursed?	ovide original documentation for tuit	ion and grades, or certification program to be
Do you acknowledge that any reimburs	sement above \$5,250 in a calendar ye	ear will be taxed?
I understand that time off and reimbursement of a Related Training and Education and that reimburs policy. I also understand that all reimbursement a	sement depends upon successful cor	npletion of coursework as defined by this
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

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reimbursement in PeopleSoft.