EMPLOYE EDUCATIONAL ASSISTANCE PROGRAM

REQUEST FOR AUTHORIZATION TO REIMBURSE EMPLOYE'S FEE/TUITION*

Employe Name		**Classification/Title**
Social Security Number		**Employing Department**
Check one: **( ) Unclassified Staff** **( ) Nonrepresented Classified** **( ) Represented Classified--please indicate Bargaining Unit Number _____**		
ProposedCoursework (Course Title & Number)		
Starting Date for Course_____ **Ending Date For Course_____**	**No. of Credits**	**To be taken at:**
Costs associated with the course: **(a) Fee/Instruction Cost _____** **(b) Segregated Fee _____** **Total _____**		**Proposed course is:** **( ) Job Related** **( ) Career Related Undergraduate** **( ) Career Related Graduate**
NOTICE: Due to the frequent changes in tax laws regarding tuition reimbursements, the most recent IRS regulations should be consulted regarding potential tax liability.		
How does the proposed course of study relate to the employe's current job assignment/position duties? **How will the course-provided knowledge/techniques improve employe's performance and usefulness?**		

I have reviewed the supporting documentation and recommend reimbursement.		
Supervisor	**Date**	**If disapproved, state reason.**
Appointing Authority	**Date**	
Institutional	**Date**	

Percent of Reimbursement	**Amount**	**Funding Source (Coding)**

* **Institutions may develop and use their own form for approval purposes provided it contains appropriate information required in this policy document.**