Tuition Assistance Application

A7927 09/99

Employer Name	COID	Date

The objectives in Section II of this form are a guideline for the employee's career development and growth. Timetables are approximate and do not commit the facility to a definite course of action.

If the employee terminates prior to completion of the course(s), approval for assistance is null and void.

Section I is to be completed by the ***Employee***.
Section II should be completed jointly by the ***Employee and/or Department Head.***

Section I

Employee Name			Social Security No.
Present Position Title	**Hours / Pay Period**	**Hire Date**	**Employee Status** ☐ Management ☐ Non-Management ☐ Full Time ☐ Part Time
Department Name			**Department No.**
Department Head Name (Please Print)			**Work Phone No.** ( )

	Course Name	Course #	Tuition Amount	Fees	Other	Total	Grade	Reimbursement Amt.
1								
2								
3								
4								
					Totals			

Name of Institution	☐ In-State ☐ Out-of-State	Degree

Semester / Quarter ☐ Fall ☐ Winter ☐ Spring ☐ Summer	Date Course(s) Begin	☐ Graduate Student ☐ Undergraduate Student

Are You Receiving Other Educational Assistance? ☐ Yes ☐ No	If Yes, Amount and Type

Section II

Explain Employee's Developmental Objective(s) and Means / Timetable for Their Accomplishment:

I understand I may not be eligible for tuition assistance from the facility if I qualify for educational assistance from other sources (i.e., VA, scholarships, other employers, etc.), based on facility policy. I also understand that if I am eligible for this payment, it will be paid and taxable in accordance with existing regulations. **Assistance will be dependent on proof of payment of qualified expenses (registrations forms, paid receipts) and final grade report.**

Employee Signature	Date

Approvals

Department Head	Date
Human Resources	**Date**
Senior Manager	**Date**