

Walters State Community College Request for Tuition Reimbursement

Name: _____ Employee WS ID #: _____

Department: _____ Job Title: _____

FOAP Number: _____ Email: _____

Office phone: _____ Cell/home phone: _____

Alternate work scheduled requested: Yes No If yes, attach schedule

Tuition Reimbursement Program – up to 4 additional credit hours per term

Institution Where Enrolled: _____ Term: _____

Course	Title	Hours/CEUs	Class period (time/days) (Ex: T TH 9-10 AM, online)

Employee's current degree status: _____ Degree/Area: _____

This course of study enhances the employee's value to the home institution as defined below (check one):

- Support for the pursuit of a terminal degree
If checked, major/degree to be earned _____
- Support for an employee pursuing a non-terminal degree in a professional or technical area
- Support for an employee training or retraining to enhance expertise needed by the institution
- Other (explain): Use this space if needed to describe how reimbursed course relates to your employment/duties at WSCC

Total reimbursement requested: _____ Reimbursement may not exceed eligible fees for a maximum of four credit hours per term.

Highest Degree Already Earned: _____

Eligible for Reconnect Assistance Yes No

By requesting support for tuition reimbursement, I agree with the stipulations listed in a-d below:

- a. Satisfactory completion of coursework must be demonstrated to receive reimbursement and to remain eligible for continued participation in the reimbursement program. Institutions may provide reimbursement at the time fees are due.
- b. Courses should be scheduled in counsel with supervisors to assure maintenance of optimum job performance. Courses should be scheduled at times other than during regularly scheduled work hours unless use of leave or other arrangements have been approved by the supervisor prior to enrolling in the course.
- c. I will notify Student Financial Aid Services of this financial assistance.

I have read and fully understand the requirements (as detailed in the appropriate section of TBR Guideline P-130) related to my above stated request for educational assistance, including stipulations related to future use of the program, proof of satisfactory course completion, provision of receipts for reimbursement requests, and stipulations related to payback provisions.

Applicant's signature

Date

I approve the above request and have addressed scheduling issues related to the employee's attendance in the classes detailed in the above request.

Supervisor's signature

Date

I attest that the employee meets the program requirements for the above stated request

Office of Human Resources

Date