



Appendix A

Employee Educational Assistance Program
Request for Authorization to Reimburse Employee's Fee/Tuition

- 1. This form should be completed in full prior to enrolling in the course. The request will be returned to the employee after all approvals have been obtained.
2. One form should be completed for each course. Incomplete forms will be returned.
3. Upon completion of the course, submit the original signed request with the grade report and fee payment receipt to Financial Services.

Employee Name: ID #:

Classification/Title: Employing Department:

Check one: [] Unclassified [] Represented Classified of Union Non-Represented Classified

Proposed Coursework Title: Number:

Starting Date: Ending Date: Number of Credits:

Institution Offering Course: Estimated Cost of Course:

Course is (check all that apply): [] Undergraduate Graduate Job Related Career Related

NOTICE: Due to the frequent changes in the tax laws regarding tuition reimbursements, the most recent IRS regulations should be consulted regarding potential tax liability.

Please complete the following questions. Incomplete forms will be returned.

1. How does the proposed course of study relate to the employee's current job assignment/position?

2. How will the course-provided knowledge/technique improve employee's performance and usefulness within UW-Whitewater?

3. Is the proposed course necessary to maintain the employee's position, title or rate of pay? Yes No

4. The proposed course will qualify the employee for (check any that apply): A new University position
[] No new position [] A new State of WI position A new UW system position

5. Is the proposed course part of study for a degree-if yes, in what?

6. If coursework must be taken during employee's normal working hours, what arrangements have been made for compensatory service and to avoid impairment of department's efficiency and effectiveness?

7. Financial assistance received this session: None Grants- Amount:
[] Loans- Amount: [] Scholarships- Amount: Other- Amount:

Employee Signature: Date:

Supervisor of Represented Classified employees should follow contract language or contact Human Resources and Diversity prior to signing.

Supervisor Signature: Date:

Funding Source

Fund (3 digit): Program (1 digit): Dept. Code (6 digit):
Percent of Reimbursement: % Amount of Reimbursement:

Dean/Division Head Signature: Date:

Table with 1 column: Human Resources. Rows include checkboxes for Employee Status, Questions Comp., Credit Limits, School Accredited, and Date.

Human Resources and Diversity Director: Date:

(Percent and amount of reimbursement to be verified by HR Director, in accordance with employment agreement or contract.)