

## Tuition Reimbursement

### 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:	<input type="text"/>	ID#:	<input type="text"/>
Classification/Title:	<input type="text"/>	Employing Dept:	<input type="text"/>
Check one:	<input type="checkbox"/> University Staff <input type="checkbox"/> Faculty / Academic Staff / Limited		
Proposed Coursework Title:	<input type="text"/>	Course #:	<input type="text"/>
Start Date:	<input type="text"/>	End Date:	<input type="text"/>
		Number of Credits:	<input type="text"/>
Institution Offering Course:	<input type="text"/>	Estimated Cost of Course:	<input type="text"/>
Course is (check all that apply):	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Job Related <input type="checkbox"/> Career Related		

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

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

2. How will the coursework potentially help to improve the 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:     New UWW position     New UW System position     New State of WI position     NA

5. If the proposed course is working toward a degree, please list the program

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

7. Financial assistance received this session:     None     Grants-Amount:      Loans-Amount:

Scholarships-Amount:      Other-Amount:

Funding Source:

Fund (3 digits):     Program (1 digit):     Dept. Code (6 digits):

Percent of Reimbursement:  %    Amount of Reimbursement:

**SIGNATURES**

<b>Employee:</b>	<input type="text"/>	<b>Supervisor/Chair:</b>	<input type="text"/>
<b>Vice Chan / Div Head:</b>	<input type="text"/>	<b>HR&amp;D Director:</b>	<input type="text"/>

Human Resources

Emp. Status

Quest. Comp?

Credit Lmt.

Accredited?

Percent and amount of reimbursement will be verified by HR&D Director in accordance with campus policies.

Revised 06/08/2017