

APPLICATION FOR EDUCATION AND TUITION REIMBURSEMENT

Instructions prior to enrollment:

1. Discuss proposed course with supervisor to ascertain that it is job related and eligible for reimbursement.
2. Any course must be taken on your own time.
3. Complete Section I of this application and submit for approval prior to the start of course. One copy will be returned to you on approval.
4. Complete a form for each course.

After completion of course(s), complete Section III

1. Attach receipt and course grade or verification of satisfactory completion to approved application and forward to the Human Resources Department for reimbursement approval.
2. Reimbursement must be requested within 30 days of course completion.

SECTION I (Employee)

Name (last, first, mi)	Home Address:	City, State, Zip	Date:
Program Name:	Location:	Office Phone:	
Position/Title:	Supervisor:		
School Attending:	Location:		
Course Title: _____ Course Number: _____ Academic Credit: _____			
This course is: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate <input type="checkbox"/> PhD <input type="checkbox"/> Certificate (Program Required)			
Degree program to which this course applies (if, applicable) _____			
Major – Field of Study			
Describe specifically how this contributes to maintaining/improving your current job skills (use space on page 2 if necessary): 			
I certify that the above is true to the best of my knowledge. I understand that educational reimbursement is not an absolute right and is subject to supervisory approval and that reimbursement is conditional upon satisfactory course completion, availability of funds and that reimbursement may be subject to withholding and FICA taxes. I hereby release my course attendance and grade records for this course.			
_____ Employee Signature			_____ Date

Section II (Officer/VP/Director)

Answer all questions “yes” or “no”

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is the employee currently on a performance improvement plan for performance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has the employee successfully completed the probationary period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the coursework relevant to the employee’s current assignment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the coursework applied to a specific work related degree? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the coursework relevant to a written development plan established by the Officer/VP/Director? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I approved the tuition reimbursement request above. I have carefully screened any elective coursework Taken under a degree program to ensure a reasonable degree of relevance.

Officer/VP/Director Signature

Date

Section III (Employee)

Did you receive other forms of Tuition Assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes List total amount \$ _____	List sources and amounts (loans, grants, scholarships)
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Course Title	Tuition Cost

I have read and understand the Education and Tuition Reimbursement Plan effective July 1, 2010. I hereby acknowledge that I am expected to remain employed by VOA Chesapeake for a minimum of 12 months after the reimbursement. Otherwise, I will be invoiced and held financially responsible for a percentage of the reimbursement received from VOA Chesapeake. Attached is the required documents and I am requesting reimbursement under the provisions of that plan.

Employee Signature

Date

Section IV (Review Committee)

- Request is tentatively approved for \$ _____ based on course completions according to the Education and Tuition Reimbursement Plan.
- Additional information requested.
- Request denied based on the following: _____

Committee Representative’s Signature

Date