

**Tuition Reimbursement Request Form**

***If this is the first Tuition Reimbursement for your course/program, please complete the Application for Tuition Rebate***

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| **EMPLOYEE INFORMATION** | Name: Employee Number: |
| Admin. \_\_\_\_\_\_\_ Faculty \_\_\_\_\_\_\_ Support \_\_\_\_\_\_\_ F/T P/T P/L Sessional |
| Campus: Department/School:  |
| Telephone: Ext: |
| **FUNDING INFORMATION** | Full-time employees, the funding level would be 50% of the tuition.Approved reimbursement payments will be deposited directly to the same bank account as the employee’s pay. |
| **Waiting Period** | For non-full-time employees, the individual must have achieved the equivalent of 6 months of service and be employed at the College during the period that the course is being taken. The funding level would be 50% of the tuition. |
| **PROGRAM/COURSE INFORMATION** |  Program Name: Course Name:  |
| Institution:  | Course Duration*:* From\_\_\_/\_\_\_/\_\_\_ to\_\_\_/\_\_\_/\_\_\_ Day/Month/Yr Day/Month/Yr  |
| Tuition Cost: (Please attach proof of payment) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you completed your program? Y/NTuition Rebate covers only the tuition portion of fees and does not include other expenses such as books, supplies etc. |
| **HUMAN RESOURCES SERVICES** | Signature of Human Resources Consultant Training & Development: Date: Reimbursement Approved in the amount of: $  |

**Please submit this completed, signed form to Human Resources.**

Signature of Employee: Date:

Signature of Supervisor: Date: