



## TUITION ASSISTANCE REQUEST

\*\*\*\*\*Incomplete Forms Cannot Be Processed\*\*\*\*\*

**Instructions: Complete all sections, except those in bold outline and submit to Human Resources**

|  |                      |   |
|--|----------------------|---|
| EMPLOYEE NAME  | EMPLOYEE #           | DATE OF HIRE  |
| PRESENT POSITION   | DEPARTMENT           | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| <b>NOTE: Correspondence/payments are mailed to the home address on record in Human Resources. Use payroll to update address on record.</b> | DEPARTMENT EXTENSION | DAYTIME PHONE NUMBER<br>( )   |

LOCATION: UCHBC UCMC DDC WCH

**What are you working toward?**

☐ Single course (must be job requirement)

☐ College Degree

☐ Graduate Degree

☐ Challenge Examination

☐ Pre Requisite (Intended Major: \_\_\_\_\_)

☐ Other \_\_\_\_\_

**Check one of the following and state your major:**

**MAJOR:** \_\_\_\_\_

☐ Associate

☐ BS/BA

☐ MS/MA

☐ MBA

☐ PharmD

☐ PhD

**Name of Institution:** \_\_\_\_\_

\* must be accredited institution

**Are you receiving grants and/or scholarships?** ☐ Yes ☐ No If yes, from what source? \_\_\_\_\_

(Please see Tuition Assistance Policy for explanation on how receipt of grants and/or scholarships will affect your tuition reimbursement)

**I am requesting approval for the following course(s) or challenge examinations(s):**

**Classes must be listed separately for each quarter/session.**

**Beginning date of this course** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Ending date of this course** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

| Name each course | Credit Hour Cost | Credit Hours | Tuition Cost per Course | Check if Challenge |
|------------------|------------------|--------------|-------------------------|--------------------|
| A. _____         | _____            | _____        | _____                   | _____              |
| B. _____         | _____            | _____        | _____                   | _____              |
| C. _____         | _____            | _____        | _____                   | _____              |
| D. _____         | _____            | _____        | _____                   | _____              |

**CERTIFICATION/AUTHORIZATION/ACKNOWLEDGEMENT:**

- I certify I am an associate of the UC Health and have read the Tuition Assistance Policy. I understand my obligations as a participant in the Tuition Assistance program, and agree to comply with the policy.
- I understand that for tuition request requiring more information to render a decision, UC Health Benefits may suspend processing until I produce the necessary documentation or other information in the timeframe provided.
- I understand that if I fail to provide all required documents **within 60days** following the end of a course, I will not be eligible for the requested reimbursement. Required documents are: completed Tuition Assistance request, final grade report, and itemized billing statement from institution showing tuition charged and financial aid received, **dated after class completion**.
- I understand that the tuition reimbursement benefit is based on and applied against my tuition allowance for the calendar year in which the course(s) is completed.

My signature below indicates my certification, authorization, and acknowledgement of all of the above.

**Associate's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### TO BE COMPLETED BY HUMAN RESOURCES

☐ APPROVED FOR REIMBURSEMENT

☐ NOT APPROVED FOR REIMBURSEMENT

Tuition Allowance Year \_\_\_\_\_ Amount eligible \$ \_\_\_\_\_ Amount used this year \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Name of HR processor \_\_\_\_\_ Processing date \_\_\_\_\_

**Accounts Payable**

**Account #** \_\_\_\_\_

**PAY TOTAL FOR COURSE(S) \$** \_\_\_\_\_ **Date sent to accounts payable** \_\_\_\_\_