



EMPLOYEE INFORMATION (please type or print all information)		
Employee's Name	Employee ID#	Date of Hire:
Job Title	Department/Location	Phone Extension

COURSE INFORMATION		
Name of Educational Institution: _____		
Major Field/Degree Name: _____		
TERM: Year _____ <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Certificate/Certification Grade: ____ A ____ B ____ C		
Tuition Costs	Course Title	Credit Hours
Fees	Explanation	
Books	Explanation	
Other Aids: (Ex: -X.xx)	Source of Grant or Scholarship	
Total	Cost Center	

EMPLOYEE CERTIFICATION	
* I have read and understand EP:3.6 Education Assistance Program Policy and EP-PRO:3.6 related procedure.	
* I have attached receipts for the cost of tuition and applicable fees, and proof of satisfactory completion of approved course(s).	
* I have provided complete and accurate information on this reimbursement request.	
Employee Signature	Date
Print Name:	

SUPERVISOR APPROVAL	
By signing below, I certify that the courses indicated above comply with the Education Assistance Program eligibility criteria.	
I have reviewed the supporting documentation and recommend reimbursement.	
Employee's Supervisor Signature	Date
Print Name:	

HUMAN RESOURCES APPROVAL		
<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval	Proposed course is:
Reason for disapproval:		() Career Related Undergraduate
		() Career Related Graduate
		() New Career Related
		() Taxable
		() Non-Taxable
		Tax Waiver on File
		<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL AMOUNT REIMBURSABLE TO EMPLOYEE	
\$	
Human Resources Signature:	Date
Print Name:	

Do not forget to include your grades and your school paid invoices
 If you have any question contact HR Services at 718-3114 or 914-287-3114