EDISON STATE COLLEGE
TUITION REIMBURSEMENT APPLICATION

IMPORTANT
THIS FORM MUST BE SUBMITTED PRIOR TO TAKING A CLASS

EMPLOYEE INFORMATION

NAME: _____ HIGHEST DEGREE HELD: _____

JOB TITLE: _____ BANNER ID NUMBER: _____

DEPT. NAME: _____

REQUEST FOR AUTHORIZATION

Academic Term and Year: _____ Degree Being Sought: _____

Educational Institution Attending: _____

Anticipated Course Work (6 credit hours per semester only)

Course(s) Prefix/ Number	Title of Course	Semester Hours	Quarter Hours

I hereby certify or affirm that I have not and will not receive any other financial reimbursement for educational expenses claimed on this form. I further understand that I will forfeit my tuition reimbursement if I do not receive the required grade point average or higher for each course, or if I terminate employment or am terminated before completion (grade distribution) of the course(s).

_____ Employee Signature & Date

_____ Supervisor Signature & Date

_____ HR Administrator Signature & Date

Approved Total Reimbursable Expenses
(Completed by Human Resources) $_____

_____ Tuition Budget Administrator, Human Resources Signature & Date

REIMBURSEMENT CERTIFICATION

To be completed after course work completed:

Course(s) Prefix/ Number	Title of Course	Grade Received		

I hereby certify that I have satisfactorily completed the course(s) above and incurred the associated educational expenses for which reimbursement is now requested. I also certify that I have never been reimbursed by ESC and have not received any other form of reimbursement (i.e., scholarships, grants, etc.) for the course(s) for which reimbursement is being requested nor have I ever previously requested or received reimbursement for any of the above expenses.

REQUEST FOR AUTHORIZATION

_____ Employee Signature & Date

To be Completed by Human Resources:
The above employee completed the course(s) listed above, maintained the required GPA for the course(s) and is entitled to receive tuition reimbursement in the amount of:

$ _____

_____ Tuition Budget Administrator, Human Resources Signature & Date