

# FOP/Lodge 9 Bargaining Unit | Request for Tuition Reimbursement

Employee Name \_\_\_\_\_ Cougar ID # \_\_\_\_\_

Department/Extension \_\_\_\_\_ Unit: **FOP/Lodge 9 Article 23**

Institution Attended \_\_\_\_\_ Academic Term \_\_\_\_\_

Program: Under Grad. \_\_\_ M.A. /M.S. \_\_\_ Ph.D. \_\_\_ Serving Residency Requirement Yes \_\_\_ No \_\_\_

| Course Number | Course | Credit Hours | Course Start Date | Course End Date |
|---------------|--------|--------------|-------------------|-----------------|
| _____         | _____  | _____        | _____             | _____           |
| _____         | _____  | _____        | _____             | _____           |
| _____         | _____  | _____        | _____             | _____           |
| Total Credits |        | _____        |                   |                 |

**NOTE: Please attach copies of paid invoices and official grade report for the above referenced course(s).**  
**Note: The College will reimburse instructional and general fees for courses taken at an accredited college or university, per Article 23 – Tuition Program and Fee Waiver. All other fees and charges are the responsibility of the union member.**

**For deferment programs**, please initial, if applicable: \_\_\_\_\_  
 I certify that I have been accepted into the deferment program at the institution listed above, and will be utilizing the program.

**By signing below I am attesting that:**  
 The eligible expenses for which I am requesting reimbursement are not covered by another grant, fellowship or scholarship.

\_\_\_\_\_  
 Date Employee Signature

\_\_\_\_\_  
 Date Employee's Supervisor Signature

\_\_\_\_\_  
 Date Division VP/Delegate Signature

\*\*\*\*\***For Official Use Only**\*\*\*\*\*

**Completed by Payroll/AP Office**

**Tuition Reimbursement Calculations**

**Total Amount:** \_\_\_\_\_

**Payroll to Pay:** \_\_\_\_\_

**A/P to Pay:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Account No.:**  
 \_\_\_\_\_

Reimbursement request must be received within fifteen (15) business days after receiving the official

Amount of Reimbursement \$ XXXXXXXXXX

\_\_\_\_\_  
 Date Administration Division VP/Delegate Signature