

CSEA Bargaining Unit | Request for Tuition Reimbursement

Employee Name _____ Cougar ID # _____

Department/Extension _____ Unit: **CSEA/CBA 2020-2023 Article 48**

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 48 – Tuition Reimbursement Program. All other fees and charges are the responsibility of the faculty 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