**TUITION REIMBURSEMENT REQUEST FORM (for classes taken at other institutions)  
Please read the policy (that includes instructions) found at** [**http://www.boarddocs.com/va/umw/Board.nsf/goto?open&id=96CGR445015F**](http://www.boarddocs.com/va/umw/Board.nsf/goto?open&id=96CGR445015F)**.**

**\_\_\_\_ October Enrollment Period (Jan. - June)**

**\_\_\_\_\_ April Enrollment Period (July – Dec.)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Status:Full-time □ Wage/Hourly/Part time □ Hire Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request tuition assistance to take \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ credits at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(number) (Grad or Undergrad) Name of accredited higher education institution

I am enrolled in a Masters, Undergraduate or Certificate Program (circle) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Name of accredited higher education institution)

Course title(s) and Section nos.. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The class meets on

(date) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_.

(day of week) (start time) (end time)

**Terms of Agreement (Pay Withholding for Non-Compliance):**

|  |
| --- |
| I understand that this policy covers only the cost of tuition, comprehensive fees and laboratory fees associated with coursework. All other fees, including books, application fees, processing fees and/or material costs are not covered under this policy. I understand I am liable for the total cost of the course(s) if I fail to obtain all necessary approvals. The employee will receive reimbursement within 10 business days of grade submission to the Finance Office. |

I will not be reimbursed by the University if:

* I do not receive at least a grade of “C” in the course(s) (or “pass” if the course(s) is offered as a pass/fail),
* I fail to submit evidence of course completion
* I drop the course before completion and
* I voluntarily cease employment with UMW during the term of the course

If I do not remain employed at UMW for one year after receiving payment for course(s) I will be required to repay the University the full amount of reimbursement received during the prior year. **By signing this agreement I authorize the UMW Payroll Office to withhold the cost of reimbursement received during the prior year.**  It may also result in collection proceedings.

***(Please note that should the amount paid in a single year exceed the IRS limit of $5,250, the employee will be responsible for income tax on the difference between the amount paid by UMW and $5,250, to be paid by payroll deduction.)***

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

**Approvals:**

The employee’s performance is satisfactory or “contributor” level.

Supervisor\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I have attached employee’s MyTime report of hours for the past year to support the average 20 hour per week requirement for wage employees only.

Human Resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVP For Finance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_