



Employee Education Assistance Plan Tuition Reimbursement Form

Directions: All fields must be completed on this form. Incomplete forms will be returned to employees without consideration. Complete and forward this form to the Charlottesville Human Resources Office at least two weeks prior to enrollment in course(s). Reimbursement is provided in accordance with the Employee Education Assistance Plan document. Only courses associated with a pre-approved degree program will be reimbursed. Questions should be directed to the Benefits Office at 434-296-0318.

**ALL REIMBURSEMENT REQUESTS MUST INCLUDE A DETAILED INVOICE SHOWING TUITION AND OTHER CHARGES.
REQUESTS WITHOUT AN INVOICE WILL NOT BE PROCESSED.**

Employee Information

Employee Name: _____ Student Identification Number: _____

Division: _____ Job Title: _____

Work phone: _____ Email Address: _____

Course Information

Class begin date: _____ Course Name: _____

Per Credit Tuition Cost: _____ Number of Credits: _____ Total amount for course: _____

Are you requesting an advance payment? _____ Amount Requested (75% for undergrad, 100% graduate)

Yes No \$ _____

School Name: _____ Remittance Address: _____

Are you receiving additional educational benefits (grants, scholarships, etc.)? If yes, please explain and indicate dollar value.

Yes No
\$ _____

Employee Signature: _____ Date: _____

For HR Use Only

% Tuition Eligible for Reimbursement:

75% 100% Total Amount: _____ Account: _____

HR Representative Approval: _____ Date: _____