

**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 434-296-0312.

**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: