

# DAVIDSON

## Tuition Reimbursement Program: Request for Tuition Reimbursement Form

The request for Tuition Reimbursement must be received in the **Department of Human Resources** a minimum of **two weeks** prior to course start date.

<b>Employee Name</b>	<b>Date</b>
<b>Employee ID</b>	<b>Hire Date</b>
<b>Employee's Department</b>	<b>Job Title</b>
<b>Name of College/University Attending</b>	<b>Semester/Term</b>

### Course(s) Information:

Please list below the college credit course(s) for which you are requesting tuition reimbursement:

Course Name	Course #	Section	Class Begin/End Date (mm/dd/yy-mm/dd/yy)	Credit Hrs.	Tuition Cost
<b>TOTAL TUITION AMOUNT REQUESTED</b>					

### Criteria for Eligible Expenses:

1. Active full-time or part-time employees (temporary employees are not eligible)
2. Must have been employed by Davidson College for at least 12 months of continuous employment, and have satisfactory job performance in current position
3. Reimbursement for 100% of tuition, up to a maximum of \$1000 per course and up to \$2000 per fiscal year
4. Courses must be taken at an accredited institution
5. Employee must receive a passing grade to qualify for reimbursement
6. Classes must be scheduled outside of employee's working hours
7. Eligible tuition expenses include tuition only
8. Employee pays the tuition and required fees in advance for the approved course(s). All grades and proof of payment must be submitted to the Department of Human Resources within 90 days of completing the course. If an employee fails to submit the required documentation during this period, reimbursement is denied

### Your signature below verifies that these statements are true:

- My current performance evaluation is at a satisfactory level.
- I have been employed at Davidson College in a full-time or part-time position for at least 12 continuous months.
- I receive no financial assistance from other sources that would duplicate this request for assistance.
- After completion of this course(s), I will send evidence of satisfactory completion (passing grade) and a copy of my payment bill to the Department of Human Resources.

<b>Employee Signature</b>	<b>Date</b>
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### Approvals:

<b>Supervisor Signature</b>	<b>Date</b>
<b>VP Signature</b>	<b>Date</b>