

EMPLOYEE TUITION ASSISTANCE FORM
Policy GCIE as revised July 1, 2004

You must receive approval prior to the first session of the course for tuition costs to be reimbursed.

Name _____ Employee ID # _____
Location _____ Position _____

Employment Classification (Mark selection)

- _____ VA Licensed Teacher (VA Collegiate Professional or VA Post-Graduate Professional license)
- _____ VA 1-year Eligibility Teaching license
- _____ Conditionally or Provisionally-licensed teacher (must provide passing VCLA score to the Human Resources Department)
- _____ Licensed Administrator
- _____ Educational Support personnel

College/University _____ Course # _____
Course Title _____
Semester hours: _____ Graduate _____ Undergraduate _____

Beginning & Ending Dates of Course: _____

TUITION COST (not to include cost of fees or materials) \$ _____

Mark selections

- _____ Obtain professional teaching license
- _____ Continuing Education Certification
- _____ License renewal
- _____ Additional teaching endorsement
- _____ Administrative/supervisory licensure
- _____ Part of degree program

For tuition reimbursement, the employee must submit this form documenting approval, a grade report and/or transcript, and written documentation of the tuition payment to the Department Of Human Resources within thirty (30) days after successful completion of the course. Exceptions to this may be granted only when the grade report is not made available by the college within thirty (30) days and the employee has requested an extension in writing within this thirty (30) day period. NOTE: Under federal tax regulations, reimbursement for coursework may be taxable as per current IRS regulations.

**Jump Start to Teaching Program
Member _____**

I certify that the information provided on this form is accurate.

Signed _____ Date _____

***** OFFICE USE ONLY *****

Approved _____ Declined _____ Standby _____

Allowable reimbursement \$ _____ Reason: _____

Grade report & tuition receipt for reimbursement due by _____ Pay Out _____

Human Resources Department Representative

Date _____