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 _____ Additional teaching endorsement
_____ Continuing Education Certification _____ Administrative/ supervisory licensure
_____ License renewal _____ 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 ________________

_________________________ Date ________________
Human Resources Department Representative