

TUITION REIMBURSEMENT FORM

Upon successful completion of a course (at a regionally-accredited or CHEA-recognized institution other than EFSC), forward a completed and signed Tuition Reimbursement Form for each course by email to Tuition@easternflorida.edu or by campus mail to the HR/Tuition Program Office on Cocoa Campus. The reimbursement request must be received within 30 (thirty) working days after completion of the class.

Personal Information	Name:	Date:
	Term:	Employee B number: <u> </u>
	Office Phone:	Date of Hire:
Job Type	Job Category (choose most appropriate): <input type="checkbox"/> Full-time employee, non-faculty <input type="checkbox"/> Full-time faculty <input type="checkbox"/> Regular part-time employee, non-faculty <input type="checkbox"/> Part-time (adjunct) faculty	
	<input type="checkbox"/> Not teaching at EFSC during time of course completion	
Course Information	Name of Accredited Institution: Number of Credit Hours: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4, <input type="checkbox"/> 5+ Course ID Number: Course Description(s):	Number of times taking course: <input type="checkbox"/> 1, <input type="checkbox"/> 2, <input type="checkbox"/> 3, <input type="checkbox"/> 4+ Course Objective (choose most appropriate): <input type="checkbox"/> Associate Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Maintain Certification
Tuition	Indicate tuition total: \$	
Financial Aid	Are you receiving any type of financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are receiving financial aid what type? <input type="checkbox"/> Scholarship <input type="checkbox"/> Un-sub (Stafford) <input type="checkbox"/> Grant <input type="checkbox"/> Sub (Stafford) <input type="checkbox"/> Other
	If you are receiving financial aid and selected "Other" for financial aid type, please describe:	
Backup	Indicate whether you are submitting items required for HR review prior to reimbursement: <input type="checkbox"/> Copy of institutional receipts for tuition and proof of payment (hard copy or electronic copy) with institutional identification included on paperwork. <input type="checkbox"/> Copy of grade report (hard copy or electronic copy) with institutional identification included on paperwork.	

Ineligible

HR Review	Date Received: HR Initial AVP Initial: DDHR Notes	
Instructions to Accounting		Amount to reimburse: \$ _____