

Request for Employee Tuition Assistance - Graduate Courses Job Related
FOR GRADUATE COURSES TAKEN AT WU SCHOOLS OFFERING PART-TIME EVENING PROGRAMS

Please read the plan document located at <http://hr.wustl.edu> for complete details about this benefit.
To contact Benefits with additional questions (eligibility, etc) call 935-5759 or email kolivaastro@wustl.edu

- INSTRUCTIONS:**
- 1) Forms are due prior to the first day of class (in compliance with the plan document).
 - 2) Complete sections 1-3 and section 6 entirely. Incomplete forms will be returned unprocessed.
 - 3) Supervisor must sign section 4 and section 6.
 - 4) Submit original form with current job & course descriptions to: Tuition Benefits, CB 1190.

Section 1: Employee Information - Complete all Areas -

Employee Name	Department name and number	
Student ID	Name of immediate supervisor	
Employee ID	Phone # of immediate supervisor	
Office Phone	Employee work schedule* Days Times	
Campus Box		
Email Address	*Attach work schedule verification from supervisor if taking day courses	

Section 2: Course Information - Complete All Areas - Maximum 7 credit hrs of benefit per semester

Semester/Year	WU school name (e.g., Business School)		Name of degree program (e.g., MBA)	
	Course #1	Course #2	Course #3	Total
Name of Course				----
Day/ Time				----
Course & section #				----
No. of credit hours				
Cost per credit hr.				----
Total Cost				

Section 3: Employee Signature PLEASE READ CAREFULLY Unsigned forms will be returned

I verify that I have read the Employee Tuition Assistance Plan dated 1-1-12 (located at <http://hr.wustl.edu>) and agree to its terms. I further verify that I have provided true and accurate responses to the questions contained in this form.

If, upon audit by the Tax Department, the determination is made that (i) I have knowingly provided false or inaccurate information; (ii) courses referred to as job-related are not job-related; or (iii) I do not obtain a satisfactory grade (as defined by my department), I understand that any benefit provided by the department will be rescinded. I agree to immediately remit payment directly to the WU School for any such amount due. Should I fail to remit payment in a timely manner, I authorize payroll deduction for the amount due. Additional sanctions may be imposed as appropriate.

If I am found to be ineligible for this benefit or I do not obtain a passing grade; my benefit will be rescinded. Information regarding students who fail a course will be obtained by Student Records to determine eligibility. I further understand that I will be responsible for all associated fees should I decide to drop the course(s) I am enrolling in after the first week of class. Should I fail to remit payment for dropped or failed classes in a timely manner, I authorize a deduction(s) from my paycheck for the amount due.

SIGN & DATE HERE ►

EMPLOYEE SIGNATURE

DATE

Section 4: Department Approval/ Payment Note: Name & Ph# of Business Manager required for dept. payment

Required- Name and Ph # of Department Business Manager:		
Total cost this semester for job-related courses (Sec. 2)		<p align="center">Verify use of vacation days for intense format class(es)</p> <p><i>Vacation time must be used to receive the Tuition benefit toward an intense format class which requires the Employee to be absent from their job.</i></p> <p>This employee will be using the following vacation day(s) for the purpose of attending intense format class(es) this semester.</p> <p>1) _____ 2) _____ 3) _____ 4) _____ 5) _____</p>
% provided by Department (up to 50%) of total charges		
Dollar amount provided by Department		
Ledger class to be charged		
Department to be charged		
Budget-object (Faculty / staff graduate tuition assist.)	4507	
Fund to be charged		

I verify that this employee is a current, full-time employee eligible for departmental benefits and that I am authorized to complete this approval section.

SUPERVISOR/MANAGER SIGNATURE

DATE

Section 5: ACCOUNTING and EMPLOYEE BENEFITS DEPARTMENT USE ONLY

I verify that this employee is a current, full-time employee eligible for tuition benefits.

Signature of Benefits Representative verifying eligibility

Date

Accounts Receivable Summary	Total	Account to Credit in SIS				
Amount provided by Employee Benefit for job-related courses (50% of total amount in Section 2)		_____	I N J R	14	0000	7607
		ACAD YR	TRANS CODE	LC	DEPT	BUOB
Amount provided by Department		_____	I N J R	_____	_____	4507
		ACAD YR	TRANS CODE	LC	DEPT	FUND BUOB
Date student account credits posted in SIS						

STATEMENT OF JOB RELATEDNESS
- COMPLETE ONE PAGE PER COURSE -

Section 6: Job Relatedness - Complete 1, 2 and 3. Summarize current job and how it relates to course.

A graduate level course must be job related in order to receive department or grant funding. Job relatedness is based on the individual course taken, not the degree program in which you are enrolled. The following information is necessary to enable the University to determine how this course relates to your current job duties. In the event of an audit, if the tax department finds the course to be non job related, department funding will be removed from your student account and you will be required to submit a non job related tuition assistance request form.

1) I, _____ (employee name), **certify to the following facts:**
 I am applying for tuition benefits for the following graduate level course taken by me at Washington University.
 My position at WU is _____ in the Department of _____.

Summarize current Job Description here or attach separate sheet. Explain how this course relates to your current job duties. Course description must also accompany this form.

A course may be considered job-related if both of the following conditions below are met: either 2(a) or 2(b) is circled, AND 3(c) is circled.

Name of course:			
2) Please circle indicating which of the following is correct for this course:		A	I was directed to take this/these course(s) by my supervisor/department.
		B	The course(s) was taken to maintain or improve skills needed on my job.
		C	Neither of the above is correct.
3) Please circle one or more of the following for this course:		A	The course(s) will be used to fulfill minimum requirements of my job.
		B	The course(s) are part of a program of study that will qualify me for a new trade or business.
		C	Neither of the above is correct.

EMPLOYEE: I understand that I may be required to supply additional information to confirm job relatedness. I understand that the taxability of tuition remission for any course is subject to final determination by the IRS, and that I will be responsible for the payment of all taxes judged by the IRS to be owed by me.

Employee Signature ►

SUPERVISOR: I, _____, **immediate supervisor of the above-named employee**, have read the above and confirm that it is true according to my information and belief.

Supervisor Signature ►