

Request for Employee Tuition Assistance - Graduate Courses Non-Job Related

FOR GRADUATE COURSES TAKEN AT WU SCHOOLS OFFERING PART-TIME EVENING PROGRAMS

Please read the plan document located <http://hr.wustl.edu> for complete details about this benefit.
 To contact Benefits with additional questions (eligibility, etc) call 935-5759 or email kolivastro@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 entirely. Incomplete forms will be returned unprocessed.
 - 3) Supervisor must sign section 4.
 - 4) Submit original form to: Tuition Benefits, CB 1190. Retain a copy for yourself.

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 hours 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				----
Time course meets				----
Course & section#				----
# of credit hours				
Cost / cr. hr.				----
Total cost				

Section 3: Employee Signature - PLEASE READ CAREFULLY -

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 If I am found to be ineligible for this benefit or I do not obtain a passing grade; my benefit will be rescinded.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. Additional sanctions may be imposed as appropriate. I understand that Federal law requires the University to report the amount of non-job-related graduate tuition remitted to me (in excess of \$5,250 annually) as taxable income and to withhold applicable taxes.

Signature of Employee

Date

Section 4: Supervisor / Manager Approval

I verify that this employee is a current full-time benefits eligible employee. If applicable, this employee is authorized to use the following vacation day(s) for the purpose of attending intense format classes during their normal scheduled work day(s).

Verify use of vacation days for intense format class(es).

Vacation time must be used in order to receive the Tuition benefit toward an intense format class which requires the employee to be absent from their job.

This employee will be using the following vacation day(s) for the purpose of attending intense format class(es) this semester.

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Signature of Supervisor/Manager

Date

Section 5: ACCOUNTING and EMPLOYEE BENEFITS DEPARTMENT USE ONLY

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

Signature of Benefits Representative verifying eligibility

Date

Accounts Receivable Summary	Total	Account to Credit in SIS				
Amount provided by Employee Benefits for non job-related courses (50% of total amount per Section 2)		ACAD YR	T N N J TRANS CODE	1 4 L C	0 0 0 0 DEPT	7 6 0 7 BUOB
Date student account credits posted in SIS						