

**Who should complete this form :**

- Employees taking undergraduate courses at a WU school other than University College
- Employees enrolled at another WU school, who are taking a class at University College
- Employees who work nights and will be enrolling in a day class (supervisor verification is required)

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 [kolivastro@wustl.edu](mailto:kolivastro@wustl.edu)

**REMINDER: Forms are due prior to the first day of class!**

**Employee Instructions:**

- 1) Complete Sections 1 through 3. Complete section 4 only if necessary.
- 2) Submit original form to: Employee Tuition, CB 1190. Retain a copy for yourself.
- 3) Incomplete forms will be returned unprocessed.

<b>Section 1: Employee Information</b>			
Employee Name		Union status (circle one)	Non-Union / Union
Student ID		Department name and number	
Employee I.D.		Name of immediate supervisor	
Office Phone		Phone # of immediate supervisor	
Campus Box		Employee work schedule- day/time*	
Email Address	*Attach work schedule verification from supervisor if taking day courses		

<b>Section 2: Course Information</b>			
The Employee Tuition Assistance plan provides up to 7 credit hours per semester.			
Semester:	SPRING	SUMMER	FALL
Year:			WU School name:
	Course #1	Course #2	Total
Name of course			-----
Time course meets			-----
Course and section #			-----
Number of credit hours			-----
Cost per credit hour			-----
Total cost this semester			-----

**Section 3: Employee Signature** **PLEASE READ CAREFULLY**

I verify that I have read the Employee Tuition Assistance Plan dated 1-1-12 and agree to its terms. If I am found to be ineligible for this benefit, I agree to remit payment for the full amount due. Should I fail to remit payment in a timely manner, I authorize payroll deduction for the amount due.

I understand that I must attain a passing grade in order to retain the tuition benefit I receive for classes. Information regarding students who fail a course will be obtained by Student Records to determine eligibility. I understand that I will be responsible for all associated fees should I decide to drop the course(s) I am enrolling in after the schools published final withdrawal date, or if I do not receive a passing grade. 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.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Section 4: Supervisor Approval Required for Intense Format Classes**

**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

\_\_\_\_\_  
Date

**Section 5: Employee Benefits Approval**

I verify that this employee is a current, full-time benefit eligible employee.

\_\_\_\_\_  
Signature of Employee Benefits Representative

\_\_\_\_\_  
Date

<b>Section 6: Accounts Receivable Summary</b>	Total	Account to Credit in SIS				
Amount provided by Employee Benefits (100% of tuition charges, maximum 7 cr. hrs.)		_ _ _ _	E B E N	1 4	0 0 0 0	7 6 0 3
		ACAD YR	TRANS CODE	LC	DEPT	BUOB
Date student account credit posted in SIS						