



RECOMMENDATION FOR TUITION ASSISTANCE

The following employee from this department/business unit is applying for Tuition Assistance:

Name: _____ Location: _____

Department: _____ Job Title: _____ Employee #: _____

Name and Location of College: _____

Course of Study: _____ Goal: Certificate Associate Degree Bachelor's Degree Master's Degree

Semester/Year Applying for: _____ Approximate # of credits/term: _____

Estimated costs per semester/term:

Tuition: _____ Fees: _____ Books: _____

- This employee has no active, formal, written corrective actions.
- I recommend this employee for tuition assistance.
- Our department will fund tuition assistance for this employee.

Are there any limitations on this funding? _____

Provided this employee meets the other qualifications for tuition assistance (one year of employment, regionally accredited school, grade point average requirement), our department agrees to fund tuition assistance at this time.

 Signature of Department Manager
 (Business Unit Head Signature Required for Graduate Studies) _____ Date

If amount of financial assistance will exceed the tax-free limit (\$5,250) annually, signature of Site or Business Unit Manager is required.

 Signature of Site or Business Unit Manager
 Signifying OK for Annual Payments Above \$5,250 _____ Date

Forward this form to the Human Resources Office responsible for your area. Human Resources will complete the paperwork necessary for the tuition reimbursement.

Department must verify no active written actions **each term.**