

# EMPLOYEE TUITION REIMBURSEMENT FORM

Refer to Procedure 4-14

NAME \_\_\_\_\_ G# \_\_\_\_\_

Campus \_\_\_\_\_ Department \_\_\_\_\_ Ext. \_\_\_\_\_

SEMESTER REGISTERED FOR \_\_\_\_\_

CLASS NAME	CAMPUS	GRADE*

SUBMIT COMPLETED FORM UPON REGISTRATION, AND GRADES UPON COMPLETION OF THE COURSE. A COPY OF SJC SCHEDULE FEE BILL MUST ALSO BE SUBMITTED.

**\* Employee tuition paid by grant or scholarship will not be eligible for reimbursement.**

I UNDERSTAND I AM RESPONSIBLE FOR TIMELY TUITION PAYMENT FOR ALL CLASSES FOR THE SEMESTER. I AM RESPONSIBLE FOR FEES ACCRUED DUE TO LATE REGISTRATION AND/OR LATE COURSE DROP. I AM RESPONSIBLE FOR PROVIDING RECEIPTS FOR THE COST OF BOOKS, SUPPLIES AND FEES. I UNDERSTAND THAT TUITION REIMBURSEMENT WILL BE SUBJECT TO THE AVAILABILITY OF FUNDS, AND THAT I WILL NOT QUALIFY FOR REIMBURSEMENT IF I DO NOT COMPLETE AND OBTAIN A GRADE OF 'C' OR BETTER OR MEET THE CEU REQUIREMENTS IN THE CLASSES LISTED ON THIS FORM.

**REIMBURSEMENT WILL NOT BE PROCESSED UNTIL I SUBMIT MY GRADES TO HUMAN RESOURCES.**

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY:	
DATE COMPLETED FORM RECEIVED _____	HR INITIALS _____
DATE GRADES SUBMITTED _____	HR INITIALS _____
DATE REIMBURSEMENT PROCESSED _____	HR INITIALS _____