



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

Employee Tuition Reimbursement Application Form

Name: _____

Employee ID Number: _____

Office Phone: _____

Department: _____

Job Title: _____

Pay Plan: _____

COURSE REGISTRATION INFORMATION:

Semester:

Fall

Spring

Year: 20____

University where classes are to be taken: _____

Course(s) for which you are requesting approval. Maximum of six (6) credit hours reimbursement per semester.

Course Title	Course Hours Day/Time	Section #	Credit Hours	Ref#

PLEASE READ CAREFULLY. Your signature means that you have read and understood the terms and conditions of the application and that the information you have provided is accurate.

In accordance with Policy #2005-22, I understand that I am eligible to register up to six credit hours/semester.

I understand that I must receive a grade of "C" or better in order to be reimbursed for the course (s) taken.

I understand that I must be a full time employee for at least one (1) year at the time of enrollment for the course(s)).

Additionally, I understand that if the benefit is considered taxable, the dollar amount of the course(s) during the tax year, must under Federal law, be reported by Florida A&M University as taxable income for me.

Reimbursement is subject to the availability of funds.

I understand that employees may only enroll for instruction at FAMU and other Universities in the Florida State University System, excluding community colleges.

I understand that I must take courses scheduled at times that will not require absence from work during regular work hours.

I understand that I am only eligible for reimbursement at the Florida instate tuition rate for undergraduate and graduate courses.

I understand that I am taking educational courses related to my job duties.

I understand that my application must be submitted 10 days prior to the beginning of the semester.

I understand that an original transcript of my grades must be submitted to Human Resources within ten days after I receive them.

I understand that I must also provide a cancelled check or original receipt of payment for my classes to Human Resources at the same time that I submit the transcript.

I understand that decisions regarding disputes of application eligibility and course reimbursements are binding and rest solely with the Assistant Vice President for Human Resources. Decisions may not be appealed.

EMPLOYEE'S SIGNATURE _____

DATE: _____

I hereby certify that the employee meets all eligibility requirements for this program, that the time used by the employee will be in accordance with University Regulations and that the employee is required to take courses as an extension of training in his/her current position.

DEAN/DIRECTOR/DEPT. HEAD _____

DATE: _____

MANAGEMENT APPROVALS

PRESIDENT/PROVOST/VICE PRESIDENT

APPROVED

YES

NO

DATE _____

ASST. VICE PRESIDENT, HUMAN RESOURCES/DESIGNEE

APPROVED

YES

NO

DATE _____