

Educational Reimbursement Program

Request for Reimbursement Form

Complete this form and forward it to the Human Resources Office. *This form must be received in Human Resources no later than June 15th of each fiscal year.*

Date of Request: _____

Employee Name: _____ Banner ID: _____

Name of Accredited Institution: _____

Date Course(s) Were Completed: _____

Amount to be Reimbursed: _____

- Registration Receipt attached
- Proof of a "C" or better grade or proof of completion
Direct Deposit form (click to access [Accounts Payable](#) website)

Employee Signature: _____ Date: _____

HR Use Only

- Application/Career Development Plan
- Registration Receipt
- Grades

Processed By: _____ Date: _____

Benefits Director Signature: _____