

**WESTERN CAROLINA UNIVERSITY
TUITION REIMBURSEMENT**

Tuition Reimbursement is for the purpose of improving current job skills.

Instructions prior to enrollment:

1. Verify that you have completed the probationary period for new SPA employees, if applicable.
2. Discuss the proposed course with supervisor to ascertain that it is job-related and eligible for reimbursement. Reimbursement covers 100 percent of the actual cost of tuition, registration and laboratory fees and is not to exceed the maximum charged by the University of North Carolina.
3. Any course must be taken on your own time unless it is not available after working hours.
4. Complete an original and two copies of this application and submit for approval prior to the start of the course. Two copies will be returned to you upon approval or rejection by the Vice Chancellor or designee.

After completion of course:

1. Attach tuition receipt and course grade or verification of satisfactory completion to two copies of approved application and forward to the Office of Human Resources for reimbursement approval.
2. Reimbursement must be requested within 30 days of course completion.
3. An application approved for reimbursement is forwarded to the Controller's Office for payment.

Tuition reimbursements for all graduate courses will be considered taxable income to the employee and subject to Federal, State and Social Security withholding.

Employee's Name _____ Social Security No. _____
Home Address _____
Department/Division _____ Location _____ Office Phone _____
Position Title _____ Appointment Status _____
Total State Service: _____ School to be attended: _____

Course Title: _____ Course No. _____ Academic Credits _____

Course is (circle those that apply): Graduate
Undergraduate
Mandated by Law/Regulation

Degree program to which this course applies (if applicable): _____

Non-Credit _____ Thesis/Dissertation Research Course _____ Certification as

Audit _____ Licensure _____

AA/AS _____ MA/MS _____ Other (specify)

BA/BS _____ Ph.D./Ed.D. _____

Dates of Attendance: _____
Do you also expect GI benefits, scholarship, tuition waiver, other aid in the same fiscal year? _____
If yes, amount of aid less cost of books? \$ _____ Tuition: \$ _____

Total assistance received to date in the same 12-month fiscal year period: \$ _____

Are you enrolled for tuition waiver? _____

Attach a statement signed by you and your supervisor as to how this course contributes to maintaining or improving your current job skills.

Is this course to be taken outside your regular work hours? _____ If not, attach an explanation of the proposed alternate work arrangements, signed by you and your supervisor.

APPLICANT: I understand that reimbursement is contingent upon satisfactory course completion and do hereby release my attendance records to my employer for educational leave and/or tuition reimbursement purposes. Furthermore, I understand that all graduate courses are taxable and all undergraduate courses to maintain or improve current job skills are non-taxable.

Selective Service (NCGS143B-421.1) _____ I am not eligible.
_____ I am eligible and registered.

Signature: _____ Date: _____

DEPARTMENTAL PREAPPROVAL: The proposed course is considered to be directly related to this employee's current job and will be beneficial to job performance and to the University. Funds are available and have been budgeted to 3900.

Signature: _____ Date: _____
Academic or Administrative Dept. Head

Signature: _____ Date: _____
Dean

BUDGETARY PREAPPROVAL: The proposed course is approved for tuition reimbursement upon satisfactory completion.

Signature: _____ Date: _____
Vice Chancellor or Designee

REIMBURSEMENT APPLICATION (upon course completion): Attached are grade report or verification of satisfactory completion and tuition receipt or cancelled check for the course approved above. I request reimbursement for the following academic costs:

Tuition: \$ _____ Registration Fees: \$ _____ Lab Fees: \$ _____ Total: \$ _____

Signature: _____ Date: _____
Employee

FUND _____ CONTROL _____ AMOUNT _____
CR _____ FRC _____ OBJECT _____ RCC _____
PROGRAM _____ DISTRIBUTION _____ VOUCHER NO. _____
VENDOR NO. _____ JNL _____
DEPT/OFFICE _____ BUDGET CODE _____

APPROVAL FOR PAYMENT

Signature: _____ Date: _____
Director of Human Resources