

Application for Approval of Reimbursement of Professional Study Expenses

I, _____, request financial assistance in the amount of _____* to
(Print Name)
 apply toward tuition or incidental fee expenses at _____ for
(College or University)
 the following courses to be taken during the _____ of _____.
(Semester) (Year)

Course Number	Course Title	Semester Hours Credit	Class Start Date	Class End Date

Completion of this coursework is for the following purpose:

As part of the course requirements for the _____ in _____
(Degree) (Major)

The course(s) are required by law or the institution in order for the employee to maintain employment **AND** the course(s) will not qualify the employee for the minimum education requirements of the position **AND** the course(s) will not qualify the employee for a new trade or business; **OR**

The course(s) will maintain or improve skills of the employee required for current employment **AND** the course(s) will not qualify the employee for the minimum education requirements of the position **AND** the course(s) will not qualify the employee for a new trade or business.

***Any course(s) that do not meet one of the two exemptions mentioned above will be subject to taxation if the annual amount of the reimbursement exceeds \$5,250 in the calendar year per IRS regulations.**

I have read the Policy for Reimbursement of Professional Study Expenses established by the Board of Trustees and agree to the terms outlined.

 Signature Date

V #: _____

Approved by:

 Dean / VP Date

 President's Signature Date

Advance Final Payment

*Estimate of amount. Actual reimbursement to be determined upon presentation of receipt for payment of fees. An official grade report and receipt for payment of tuition or fees must be presented upon completion of study.

Once all signatures have been obtained, please submit this form along with the Promissory Note and Order for Payment to the Business Office. Please contact Emily West at Ext. 3122 with any questions.

EMPLOYEE TUITION REIMBURSEMENT
PROMISSORY NOTE

Name: _____ V#: _____

Address: _____
Street City State Zip Code

I hereby acknowledge receipt of an advance for tuition in the amount of \$ _____
For the _____ semester of the year _____ which ends on _____. I
Must submit a copy of my grades or transcript to the Business Office within 30 days after the end of the
semester for which this advance is made. If I fail to do so, the full amount of this advance is due and
payable immediately to the College as personal indebtedness and I authorize the amount due to be
deducted from my future paychecks. I will be liable for any costs incurred by Jefferson College in the
collection of this note.

I understand that I will be responsible for refunding the College 100% of all reimbursements for
this academic year if my employment with Jefferson College is terminated due to voluntary resignation,
retirement or termination for cause within one year of the end of the semester for which I have been
reimbursed. I will refund the College 50% of all reimbursements for this academic year if my
employment is terminated due to voluntary resignation, retirement or termination for cause within two
years of the end of this semester.

I have read and agree with the above terms of the Employee Tuition Reimbursement Note.

Employee's Signature

Date

Authorized Business Office Signature

Date