



Date Received and Stamped by HR
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School of Osteopathic Medicine

## Tuition Reimbursement for Members of the Managerial Staff

Application must be submitted to Campus Human Resources Benefits Services Office.

Upon the approval of the manager's supervisors up to and including the vice president/division head, managers may take courses off-campus with a partial tuition reimbursement, not to exceed nine (9) credits per calendar year. Partial reimbursement shall not exceed \$150 (i.e., if each credit is \$300, employee shall receive \$150; if each credit is \$100, employee shall receive \$100). The coursework must be job-related and intended to enhance the manager's skill set and/or professional expertise or capabilities. Waivers will only be for tuition costs; managers are responsible for any/all fees to be charged and the department/division cannot reimburse manager for such fees.

Applications submitted without the required documents will not be accepted (refer to the Employee Checklist on page 4).

**Eligibility Criteria:**

Prior to the start of any course, and the submission of an application for tuition reimbursement, the manager must prepare a brief, written description of how the coursework will lead to increased expertise, capabilities, and/or professional development and submit this to his/her supervisor for review. If approved, the manager will then submit a tuition reimbursement form prior to the start of the semester/term for review and approval. It is understood that any coursework taken or work related to courses taken cannot interfere with the manager's duties and responsibilities.

**PRINT Last Name** \_\_\_\_\_ **PRINT First Name** \_\_\_\_\_  
**Employee ID** \_\_\_\_\_ **TERM and Year** \_\_\_\_\_

PLEASE READ CAREFULLY-----PRINT ALL REQUESTED INFORMATION

Submit **ONE** application for each term. Keep copies of all submitted documents.

First time applicant   
 Subsequent applicant

<b>Home Address</b>	<b>Apartment #</b>	<b>Home Phone:</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Job Title:</b>	<b>Office Ext:</b>		
<b>Employee's E-mail Address:</b>	<b>Department:</b>		<b>Hire Date:</b>
<b>Supervisor's Name:</b>	<b>Supervisor's E-mail:</b>		<b>Office Ext:</b>



**SUPERVISOR'S AUTHORIZATION:**

I, (Name of Supervisor /Department Head *Print*) \_\_\_\_\_

(Title/Supervisor/ Department Head *Print*) \_\_\_\_\_

(Department *Print*) \_\_\_\_\_, do hereby state that it appears that the course hour(s) for the course(s) listed on the front of this application does (do) not interfere with the normal work schedule of

(Name of Student *Print*) \_\_\_\_\_

**ALSO, I have received the written description from the manager and verify that this coursework will lead to increased expertise, capabilities, and/or professional development.**

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYEE'S VERIFICATION AND RELEASE:**

I VERIFY THAT THIS FORM HAS BEEN COMPLETED IN ITS ENTIRETY AND THAT THERE ARE NO SECTIONS OMITTED OR LEFT BLANK. I UNDERSTAND THAT IF A SECTION IS NOT COMPLETED, THE ENTIRE FORM WILL BE RETURNED TO ME AND WILL NOT BE PROCESSED UNTIL IT IS COMPLETED IN FULL. I HEREBY RELEASE FROM LIABILITY ALL PERSONS, CORPORATIONS, OR OTHER ORGANIZATIONS FURNISHING INFORMATION. I AM AWARE THAT MY REIMBURSEMENT OF ANY TUITION IS CONDITIONAL DEPENDING ON THE RESULTS OF VERIFICATION OF ALL DOCUMENTS SUBMITTED. IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IN THIS APPLICATION OR SUBMITTED DOCUMENTS WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR TERMINATION OF EMPLOYMENT. I HAVE READ AND I UNDERSTAND THIS RELEASE. I HEREBY GIVE ROWANSOM PERMSSION TO CONTACT THE SCHOOL OR UNIVERSITY TO VERIFY AND INVESTIGATE THIS APPLICATION AND/OR RECORDS HAVING TO DO WITH THIS SUBMISSION AND TO SECURE ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR EMPLOYEE INFORMATION – PLEASE RETAIN A COPY OF THIS PAGE FOR YOUR RECORDS**

**EMPLOYEE'S COMPLETION CHECKLIST: (all documents listed below must be submitted with the application)**

- Application for Tuition Reimbursement (pages 1 & 2). Please complete all blanks
  - Supervisor's Authorization (page 3)
  - Managers Tuition Reimbursement Agreement (page 3)
  - Employee's Verification and Release (page 3)
  - Documentation that the applicant has received a "C" or better or has passed a PASS/FAIL course (e.g. transcript or school grade report)
  - An itemized bill
  - Proof of payment showing a zero balance, i.e. copies of (bursar's receipt or front and back of cancelled checks, financial aid documents, etc.)
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