

ESSEX COUNTY COLLEGE

APPLICATION FOR TUITION REIMBURSEMENT

In order for reimbursement to be made, submit copies of tuition cost, verification of payment, and copy of current grade report.

EMPLOYEE NAME _____ ID NO. _____ EXT. _____

Please check one: [] Administrator [] Confidential [] Faculty [] Professional [] Security/FOP [] Staff

Job Title: _____ Department _____

Degree sought: Bachelors [] Masters [] Doctorate [] Major _____

Skills Training Program: _____

I am requesting reimbursement for course(s) taken during:

[] Fall 20__ [] Spring 20__ [] Summer 20__ [] Other _____

at _____, _____
Name of Institution City/State/Zip Code

The course(s) or program listed below is/are:

(Check One) [] relevant to employee position in the College; or [] part of career-related degree program.

Comments: _____

Table with 4 columns: COURSE(S), CREDIT HOURS, RATE PER CREDIT, TOTAL. Includes a row for 'TOTALS'.

REIMBURSEMENT SCHEDULE

Faculty, Administrator, Professional, Staff, Security, FOP: 100% of the state college resident rate, or 75% of the tuition paid (excluding fees) whichever is greater.

FACULTY ONLY

FACULTY SKILLS TRAINING:

Title and cost of the program or course of skill training taken at other than an accredited institution of higher education, for which I am requesting reimbursement (3/4 of the cost up to a maximum of \$325.00 per year).

Course(s): _____ Institution _____ Cost _____

Address _____

EMPLOYEE CERTIFICATION AND APPROVAL

Attached is a copy of the official receipt for paid tuition. I certify that I have enrolled in the above course(s). I agree to submit and/or have submitted to the Human Resources Department an official transcript or grade report indicating that the above course(s) or program has/have been successfully completed. I hereby acknowledge and understand that the College will issue this reimbursement in my paycheck as a lump sum tax free amount. I further acknowledge and understand that if I fail to successfully complete the course(s) or program, or if I fail to provide the official transcript, or if I leave my position at the College before completion of the course(s) and after reimbursement has been made to me, the College will deduct the full amount previously paid to me through the payroll system.

_____	_____
Employee Signature	Date
_____	_____
Departmental Supervisor	Date
_____	_____
Area Head	Date

APPLICANT SHOULD NOT WRITE BELOW THIS LINE

HUMAN RESOURCES DEPARTMENT

Grade Report Received
 Other _____

Reimbursement has been calculated by the Human Resources Department on the following basis:

Formula: Rutgers _____ per credit X _____ credits = _____

_____ per credit X _____ credits = _____ X 75% = _____

Amount to be reimbursed to employee: \$ _____

DATE: _____ SIGNATURE: _____