

# TUITION REIMBURSEMENT

Payroll Processing Authorization Form

## EMPLOYEE INFORMATION

|               |  |               |  |
|---------------|--|---------------|--|
| Employee Name |  | Employee ID   |  |
| Department    |  | Job Title     |  |
| Manager Name  |  | Email Address |  |

## COURSE & EDUCATION DETAILS

|                         |  |
|-------------------------|--|
| Educational Institution |  |
| Degree / Program        |  |

| COURSE NAME / CODE    | TERM / SEMESTER | GRADE RECEIVED | TUITION COST INCURRED |
|-----------------------|-----------------|----------------|-----------------------|
|                       |                 |                |                       |
|                       |                 |                |                       |
|                       |                 |                |                       |
| Total Claimed Amount: |                 |                |                       |

## PAYROLL OFFICE PROCESSING (INTERNAL USE ONLY)

|                               |                                                                                                                      |                          |  |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| Approved Reimbursement Amount |                                                                                                                      | Payroll Pay Cycle / Date |  |
| General Ledger (GL) Code      |                                                                                                                      | Earnings Code            |  |
| Taxable Status                | <input type="checkbox"/><br>Non-Taxable (Under IRS Limit)<br><input type="checkbox"/><br>Taxable (Exceeds IRS Limit) |                          |  |

Human Resources Authorization Signature

Date: \_\_\_\_\_

Payroll Administrator Signature

Date: \_\_\_\_\_

