

**Florida Agricultural & Mechanical University
Employee Tuition Reimbursement Form**

Name: _____ Employee ID: _____
 Office Phone: _____ Department: _____
 Job Title: _____ E-mail Address: _____

Check Employment Category (Must be full-time salaried employees) **A&P** **Faculty** **USPS**

University where classes are to be taken: _____

Course Registration Information: List the course(s) for which you desire approval. Be sure to include alternate courses. *

	Course Title	Course Number	Section Number	Credit Hours	Course Day(s) and Time
PRIMARY					
PRIMARY					
ALTERNATE					
ALTERNATE					

* Any degree program beyond the master's level are specifically excluded from the tuition reimbursement program

Employee's Certification & Signature

PLEASE READ CAREFULLY.

In accordance with Policy #2005-22, I am eligible to register up to six credit hours/semester.
 I must receive a grade of "C" or better in order to be reimbursed for the course(s) taken.
 I must be a full-time employee for at least one (1) year at the time of enrollment for the course(s).
 If the benefit is considered taxable, the dollar amount of the course(s) during the tax year, must under Federal law, be reported by Florida A&M University as taxable income for me.
 Reimbursement is subject to the availability of funds.
 I must only enroll for instruction at FAMU and other Universities in the Florida State University System.
 I must take courses scheduled at times that will not require absence from work during regular work hours.
 I am only eligible for reimbursement at the Florida instate tuition rate for undergraduate and graduate courses.
 I am taking educational courses related to my job duties.
 My application must be submitted by the deadline established by Human Resources.
 An official transcript of my grades and proof of payment must be submitted to Human Resources within ten (10) days after I receive them.
Your signature means that you have read and understood the terms and conditions of the application and that the information you have provided is accurate.

Employee's Signature _____ Date: _____

Supervisor's Certification & Signature

I hereby certify that the employee meets all eligibility requirements for this program, that the time used by the employee will be in accordance with University Regulations and that the employee is required to take course as an extension of training in his/her current position.

Supervisor's Signature _____ Date: _____

Management Approval

Your signature below denotes approval/disapproval to participate in the Tuition Reimbursement Program.

_____	_____	Approved	Disapproved
Department Head/Next Level Manager	Date		
_____	_____	Approved	Disapproved
President/Provost/Vice President	Date		
_____	_____	Approved	Disapproved
Assistant Vice President, Human Resources	Date		