

EMPLOYEE TUITION REIMBURSEMENT APPLICATION

CONDITIONS FOR TUITION REIMBURSEMENT:

- A. The Tuition Reimbursement limit is up to \$9,000.00 per fiscal year, inclusive of applicable fees, subject to fund availability.
- B. The employee must be an active regular full-time employee at the time of request.
- C. Course(s) must be a part of an accredited undergraduate, graduate, doctoral degree program, certificate program or training seminar, applicable to current or future responsibilities and/or a potential career path at Hudson County Community College.
- D. A Professional Development Plan must be submitted with the Tuition Reimbursement Application. The Professional Development plan is required one time unless the applicant changes career interest or academic program in a subsequent tuition application.
- E. Tuition Reimbursement Applications must be approved by the supervisor, department head, finance controller and the Office of Human Resources prior to the start of course(s). Only registered courses must be included on the TR application.
- F. A request to be reimbursed must be submitted within ninety (90) days of completion of the course(s), along with proof of payment and grade report. Eligible Grading: Letter grade of "C" or better. If course is pass or fail, proof of passing is required.
- G. Prepayment Option is available. Applicant must specify prepayment option on TR application prior to start of course(s). Additional documentation is required; TR Application, Invoice billing, Institution W9 & Vendor Banking Information form.

Date of Application: _____

Name: _____

Department: _____

Semester: _____

Institution Name: _____

Courses Name	Total Amount (per course)	Anticipated Completion Date (MM/DD/YY)	Approved Amount (HR Only)
1. _____			
2. _____			
3. _____			
4. _____			

Are these courses: _____

Select payment option: Tuition Prepayment

Reimbursement Upon Completion

I understand that approval of this application is subject to the following: Availability of funds, an approved Professional Development Plan and completion of the approval sections of this form. I also understand that I should not assume the approval of this application until I have been notified by the Office of Human Resources.

Employee Signature: _____ **Date:** _____

APPROVALS

Supervisor: _____ **Date:** _____

Department Head: _____ **Date:** _____

Controller: _____ **Date:** _____

Human Resources: _____ **Date:** _____

Forward to the Office of Human Resources