OUT-SERVICE TUITION REIMBURSEMENT

OPEIU employees should complete this form for tuition reimbursement. The form should be signed by the employee's immediate supervisor, director, and the vice president for the division before sending to the Office of Human Resources, G8 Sutton Hall, for processing. The form must be approved by the Office of Human Resource before the training start date. ***Reimbursement will be contingent upon successful completion of the course (attainment of a grade of "C" or better) per Article 40, Professional Education Program, Sections 4 through 6 of the OPEIU CBA.***

Employee Name_____Title_____
PERN # _____ Campus Address_____ Phone Number_____
Home Address_____ Phone Number_____

Institution or Training Source Name_____
Address_____Phone Number_____
Training Beginning Date_____ Training Ending Date_____
Credit Hours_____ Tuition/Registration Fee_____

Course Title and Description (outline training objectives and relevance of training to employee's present duties)

The total amount of _____ should be paid to ☐ myself or ☐ the institution listed above from the SAP cost center _____.

_____		_____	
Employee's Name (printed)	Date	Employee's Name (signed)	Date
_____		_____	
Supervisor's Name (printed)	Date	Supervisor's Name (signed)	Date
_____		_____	
Director's Name (printed)	Date	Director's Name (signed)	Date
_____		_____	
Vice President's Name (printed)	Date	Vice President's Name (signed)	Date

For Human Resources Use Only

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Employee Relations Director **Date**