



Complete applications for tuition reimbursement are to be submitted to human resources by the drop/add date (census) for the term of attendance, at the college providing the class. A separate application is required for each student, each semester in which reimbursement is being requested.

Employee Information

Employee Name _____ SNumber _____
College of Employment _____ Campus _____

Student Information

College of Attendance _____

If the CCCS employee is not the student, please complete the information below. If the student is not covered on your insurance plan, you will need to submit necessary support documentation to Human Resources to demonstrate eligibility:

Student Name _____ Student SNumber _____
Student's Relationship to Employee _____ If student is child, enter DOB _____

Reimbursement Information

For how many credits are you requesting reimbursement? _____ (Reimbursement cannot exceed 15 credits in a single term or 30 credits in an academic year)

In what semester are you enrolled in courses? _____

Please attach a copy of your course schedule with your application.

Are you requesting approval for reimbursement of an online course differential? ____ Yes ____ No. If you marked yes, is the course only offered online at the college of enrollment? ____ Yes ____ No

(If you answer Yes to both questions, complete and include the request for Chancellor/President approval)

Employee Acknowledgement

I have read and understand System Procedure 3-60a – Employee Benefits as it relates to CCCS Tuition Reimbursement and the applicable FAQs explaining the application process, what is eligible for reimbursement, and required deadlines. Any questions have been discussed with my supervisor and/or Human Resources.

By signing below, I represent that any courses I am requesting reimbursement for myself are job related, applicable to a degree or career enhancing and/or any courses I am requesting reimbursement for a dependent are for credit. Questions on what qualifies as job related, applicable to a degree or career enhancing are addressed in the procedure and FAQs.

Employee Signature and Date _____

Approvals

Employee Supervisor (required when employee is taking classes)

By signing below, I confirm that my employee has discussed their course schedule with me. If there is any conflict with their work schedule, we have established an agreeable alternate work schedule, which has been documented, signed, and submitted to Human Resources.

Employee Supervisor Signature and Date: _____

By signing below, I confirm the applicant is an eligible employee and that if applicable, the dependent has been verified as eligible under the System Procedure 3-60a – Employee Benefits.

HR at College of Employment Signature and Date: _____

**Human Resources will route completed applications for FOAP approval and President or designee approval. Human Resources will retain the original approved application until the employee submits additional documentation.*



Funding Approval

Fund: _____

Org Code: _____

Account (Choose One):

Classified Employee — 640500

Non-Classified Employee — 620500

Classified Dependent — 640510

Non-Classified Dependent — 620510

Signature of Org Code Owner at College of Employment

Signature of President (or Designee) at College of Employment



**Chancellor/President Request for Approval for
Reimbursement of Online Course Differential**

This request is only required when an employee is requesting reimbursement for an online differential for a course they are seeking reimbursement. If no online differential is requested, this request form does not need to be included with the application.

- Online course differentials are not eligible for reimbursement of dependent tuition.
- Online course differentials will only be reimbursed to employees enrolled in courses that are only offered online at the college of attendance.
- If a course is offered in another format, regardless of time and date of the offering, and the employee chooses to enroll in the online course, the online course differential is not reimbursable to the employee.

I _____ (employee name) affirm that _____ (identify online course) is only offered in an online format at _____ (. I am requesting Chancellor/President approval for reimbursement of the online course differential for this course.

Employee Signature and date _____

Signature of Chancellor/President (or delegate) _____



Part II Additional Submission Process

(Only submissions for employees with previously approved requests for reimbursement will be accepted)

1. Following the completion of the course(s) previously approved for reimbursement, employees must submit the following to their Human Resources office:
 - a. A final tuition bill showing payments including any financial aid, scholarships, or grants applied toward the tuition.
 - i. If final tuition bill does not show COF, COF will be deducted from the reimbursement unless the employee submits confirmation documentation that the student's COF has been exhausted.
 - ii. The bill must be dated within two weeks of submission.
 - b. Record of grades for the requested courses for reimbursement showing a grade of C or better. Satisfactory grades will be accepted in unique circumstances where letter grades were not given.
 - i. Reimbursement will not exceed that allowable under SP 3-60a.
2. Include the employee's name and SNumber on submitted paperwork in order to match up submissions to initial approved applications.
3. **Deadlines for additional submissions:**
 - Fall: No later than January 31 of the following calendar year
 - Spring: Preferably by May 31 of the same year but no later than June 30 of the same year or within one week of the end of class for classes ending after June 30.
 - Summer: No later than September 30 of the same year
4. Human Resources will submit original approved application, dated bill, and grades for eligible student to the fiscal office. Human Resources will retain a copy of these materials and any original documentation confirming dependent eligibility.

Date final tuition bill and transcript provided to Human Resources: _____

Human Resources Initials: _____

Delivery method to fiscal office: _____

Date delivered to fiscal office: _____