

Employee Tuition Reimbursement Program Request Form

Semester of Benefit Request Term Year

Section 1: Employee Request

A.
 Last Name First Name, MI Department EMPL ID (PeopleSoft)

B. Employee Please Initial:

- I understand that to be eligible for the employee Tuition Assistance Program (TAP), I must currently be benefits eligible and employed in good standing in a benefits eligible position for a minimum of 12 consecutive months prior to the first day of classes. If my employment status changes during the semester, the TAP may be revoked.
- I understand that I must have applied and be admitted to the University of Texas at Arlington as a student.
- I understand that this program cannot be used for or applied to room and board charges, textbooks and supplies, any other cost of instruction, tuition and fees for non-credit courses, executive MBA or other executive degree programs, online courses including but not limited to Accelerated Online Programs, UT Online Consortium classes taken at other UT System schools, classes offered through the Division of Enterprise Development or any costs for auditing classes.
- I understand that this program can only be used for on-campus for credit courses at the University of Texas at Arlington.
- I understand I must achieve Successful Academic Progress (SAP) for all credit hours requested under TAP. If I do not meet these standards, the TAP may be revoked. *(Refer to SAP website for more information)*
- I understand I will be responsible for payment of fees and/or tuition not covered by the TAP, or all tuition/fees incurred if TAP reimbursement is denied. I understand all payments must be received by the payment deadline.
- I understand under this program, educational assistance is not included in my gross income up to a maximum benefit of \$5,250 annually. Benefits under this program that exceed \$5,250 annually will be reported on Form W-2 and are subject to the usual employment taxes.
- I understand that by participating in TAP, I agree to remain employed by the U. T. System for at least one full month for each semester hour of tuition assistance reimbursed, beginning with the month after the month in which I completed the coursework and to repay the institution for all expenses for which, as an employee in good standing, I was reimbursed if the employment terminates before the end of that period.
- I have attached email verification from the Registrar's Office documenting that I have a current GPA of 2.5 if an undergraduate student; or 3.0 if a graduate student.

C. **I am requesting to enroll in courses that occur during normal working hours. The classes and times that occur during normal working hours are:**

D. Degree Program Requested Credit Hours
 If non-degree, list class titles

E. Employee Signature and Date
 Employee Signature _____ Date _____

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

Employee Tuition Reimbursement Program Request Form**Section 2: Supervisor Approval for Degree Program**

I have verified the following: a. Employee has completed one year (12 months) of continuous employment with the University; b. Employee has a regular (non-temporary) appointment, is appointed at not less than 50% time, and NOT employed in a position requiring student status as a condition of employment; and c. Employee is in active non-probationary status, received at least a satisfactory rating on the most recent performance evaluation, and is not subject to a current performance improvement plan or on administrative leave.

I agree the requested degree program or classes (if non-degree is being pursued) are related to the duties or prospective duties required of this employee's position. The education received will allow the employee to (a) prepare for technological or legal developments, (b) increase work capabilities, or (c) increase the competence of the employee. *These criteria must be met for the degree program or individual courses in which the employee is seeking the reimbursement, regardless of when the courses are scheduled.*

Supervisor Signature_____
Date**Section 3: Supervisor Approval for Enrollment During Normal Working Hours (available for Fall and Spring semesters only)**

- I approve the employee's request to enroll in the class (es) listed in the above section 1-C that occur during normal business hours. This class or these classes will not take up more than three (3) hours a week and occur during Fall and Spring Semester.
- I deny the employee's request to enroll in the class (es) listed in the above section 1-C that occur during normal business hours.

Supervisor Signature_____
Print_____
Date**Section 4: Vice President, Dean or Equivalent Department Head Approval for Enrollment**

- I certify the employee's request to enroll in the class (es) listed in the above section 1-C and that those classes or listed program in 1-D are related the employee's existing job duties or a prospective position and duties. I approve and the employee's use of the tuition reimbursement program for this term.
- I do not authorize that the courses listed in section 1-C or program listed in section 1-D as relevant to the employee's current position or a position that the employee can be reasonably promoted into therefore I am not recommending this employee for participation in the tuition assistance reimbursement program during this term.

VP Signature_____
Print_____
Date**Section 5: (To be completed by Employee after the courses are completed): Reimbursement Verification**

- I certify I have completed the above courses and received at least a 'C' for undergraduate courses or a 'B' for graduate courses. I have attached an accurate copy of my updated transcript.

- I acknowledge and agree that as a condition of receiving the reimbursement I agree to remain employed by UTA for at least one full month for each semester hour of tuition reimbursed, beginning with the month after I completed the coursework ("Repayment Period"). I further promise to pay UTA within thirty (30) days the reimbursed amounts I received under this Agreement in the event my employment terminates before the end of the Repayment Period. I further agree that in the event I do not repay UTA as set forth herein, I will be responsible for UTA's costs and expenses of collection, including, without limitation, reasonable attorney's fees, expenses, and disbursements.

Employee Signature_____
Print_____
Date

Employee Tuition Reimbursement Program Request Form**SECTION 6: (To be completed by Supervisor after the courses are completed):**

- I have reviewed the employees attached transcript and verified the courses listed in Section 1-C were completed and at least a grade of `C' for undergraduate courses or a `B' for graduate courses awarded. I approve the employee's tuition reimbursement for this term.
- I have reviewed the employees attached transcript and verified the courses listed in Section 1-C were either not completed or the minimum grade of at least a grade of `C' for undergraduate courses or a `B' for graduate courses was not awarded. I do not approve the employee's tuition reimbursement for this term.

Supervisor Signature

Print

Date

Submit *completed/signed* form no later than one month after the end of the semester seeking the benefit. Completed paperwork can be submitted by physical drop off or through email.

Physical Drop Off: Office of Student Accounts
E.E. Davis Hall - 1st Floor - Room 130
701 S. Nedderman Drive
Arlington, TX 76019

Scan and Email: studentfinancials@uta.edu