Florida Agricultural & Mechanical University Employee Tuition Reimbursement Form

Name:	Employee ID:					
Office Phone:		Department: E-mail Address:				
Job Title:						
Check Employm	nent Category (Must be full-time salar	ied employees)	A&P Facu	lty USPS		
University when	re classes are to be taken:					
						
Course Registra	tion Information: List the course(s) for Course Title					
PRIMARY	Course Title	Course Number	Section Number	Credit Hours	Course Day(s) and Time	
PRIMARY						
ALTERNATE						
ALTERNATE						
* Any degree pr	ogram beyond the master's level are s	specifically excluded fro	om the tuition reimbu	ırsement program		
		Employee's Certifica	tion & Signature			
I must receive a I must be a full-t If the benefit is o University as tax Reimbursement I must only enro I must take cour I am only eligible I am taking educ My application o An official transe Your signature o provided is accu-	nature	reimbursed for the country at the time of enrollment of the course(s) during Universities in the Floric equire absence from we state tuition rate for unites. It is tablished by Human Refer the must be submitted stood the terms and coupervisor's Certification by requirements for this property is at the coupervisor's Certification by requirements for this coupervisor.	rse(s) taken. nent for the course(s) g the tax year, must u da State University Sy ork during regular wo dergraduate and grad sources. to Human Resources onditions of the appli Date: n & Signature s program, that the t	stem. rk hours. duate courses. within ten (10) day cation and that the	ys after I receive them. e information you have mployee will be in accordance	
-	nature	-			·	
	Your signature below denotes ap	Management pproval/disapproval to p	• •			
Department He	ad/Next Level Manager	 Date		Approv	ved Disapproved	
President/Prove	ost/Vice President	 Date		Approv	red Disapproved	
				Approv	ved Disapproved	
	President, Human Resources r Finance & Administration	Date			(Rev. Nov 2020)	