

EDUCATIONAL REIMBURSEMENT FORM

Submit approved signed copy to ASC HR
before taking classes.

EMPLOYEE NAME: _____	TERM/YEAR: _____
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The course(s) is (are) related to: current job duties Re-class opportunities

The course(s) is (are) to fulfill objectives for: Bachelor's Master's Ph.D. MBA

COURSE TITLE	UNITS	COST	GRADE
TOTAL			

Upon completion of the course(s), submit the following to receive your reimbursement: (1) a copy of original/approved Educational Reimbursement Form; (2) a copy of your fee receipt; and (3) your original grade report. The employee acknowledges, by signing below, that they have read and understood the ASC's Educational Reimbursement Policy.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

The supervisor and chair/director (PI) approve, by signing below, that the employee may take the course(s) and will be reimbursed educational fees, from the ASC account indicated here: _____

SUPERVISOR/DIRECTOR APPROVAL: _____ **DATE:** _____

CHAIR/DIRECTOR or PI (for G&C PI) APPROVAL: _____ **DATE:** _____

OSP APPROVAL (GRANT & CP PROGRAMS ONLY): _____ **DATE:** _____

HR APPROVAL: _____ **DATE:** _____

ASC HR Use Only: Amt to be Reimbursed	\$ _____
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REV: 6.8.23