

# CSUB Auxiliary for Sponsored Program Admin Educational Assistance Program Approval and Request for Tuition Reimbursement

<b>Receipt Stamp</b>
Date _____
Comment _____
_____
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This form is used to request supervisor approval for participation in the Educational Assistance Program and request tuition reimbursement. Available reimbursement is dependent on the availability of funds as identified the employee's supervisor.

**Criteria For Eligibility/Request Processing**

1. Long-term, benefits-eligible employees, regularly scheduled to work at least 20 hours a week.
2. An employee must have been employed by CSUB Auxiliary for at least six months prior to the course start date.
3. Courses are job-related and/or lead to an undergraduate or graduate degree.
4. Eligible tuition expenses include tuition only.
5. Reimburse 100% of tuition for up to 6 units or 2 courses, whichever is greater, based upon a grade of "C" or better. Approval of additional courses shall be on a case-by-case basis.
6. Participation in the program is based upon availability of funds and when the request is received (first come, first served).
7. All courses must be taken outside the normal work day, unless release time is granted with supervisor approval and based upon the operational needs of the department.
8. A Career Development form must be submitted to and approved by HR prior to program participation.
9. The employee pays the tuition and required fees in accordance with the registration procedures required by the applicable educational institution for the approved course(s). All grades and proof of payment must be attached to this completed, approved form and submitted to the Department of Human Resources within 30 days of completing the course. If an employee fails to submit the required documentation during this period, the tuition reimbursement may be denied.
10. Once approved by HR, reimbursement request packet will be returned to original requestor for reimbursement processing.

**I. Approval for Program Participation**

The request for supervisor approval must be completed a minimum of **three weeks** prior to course registration.

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Date Employed \_\_\_\_\_ Degree of Study \_\_\_\_\_

Term \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

**Course(s) Requested** - *Please list below the college credit course(s) for which participation and tuition reimbursement is requested.*

Course Name	Course #	Section	Time	Credit Hours	Tuition Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your signature below verifies that:

- I have been employed at CSUB Auxiliary in an eligible position for at least six months prior to the start date of the course(s) listed above.
- After completion of this course(s), I will send this completed, approved form along with evidence of satisfactory completion (course grade of "C" or better and transcripts) and a copy of my payment receipt to the Department of Human Resources.

Employee Signature	Date	Supervisor Signature	Date
AVP, Grants, Research & Sponsored Programs	Date		

**II. Approval for Program Reimbursement** - *requires evidence of satisfactory course completion/transcripts and copy of payment receipt. Human Resources will notify the applicant of approval within 10 business days of receipt of this form. Once approved, reimbursement request packet will be returned to original requestor for reimbursement processing.*

Human Resources Director ( <i>employment verification</i> )	Signature	Date
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