



HOBART AND WILLIAM SMITH COLLEGES



OFFICE OF HUMAN RESOURCES
Coxe Hall

TUITION REIMBURSEMENT REQUEST FORM

Date of Request _____

Employee Name _____

Date of Hire _____ Department _____

Name of School Attending _____

Name of Degree Program _____

Name of Course(s) _____

If course(s) is (are) not part of a degree program, please explain how job-related:

Semester: Fall Spring **Academic Year:** _____ to _____
(Month/Yr.) (Month/Yr.)

Amount of Tuition* (tuition only, no fees) \$ _____

***Copies of final grades and documentation of cost of tuition paid must be provided before reimbursement will be made.**

To be completed by Human Resources

Employee Classification:			<input type="checkbox"/> Faculty	<input type="checkbox"/> Administrative	<input type="checkbox"/> Union/Non-Union
Hourly					
Eligible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payment Authorized: \$ _____		
Approval Signature/Date _____					