



EMPLOYEE EDUCATIONAL ASSISTANCE REIMBURSEMENT APPROVAL FORM

NOTE: Under the Employee Educational Assistance Program, tuition for an academic credit course of instruction, at an institution other than William & Mary, and paid for by an employee, will **only** be reimbursed if **all** of the following are met:

- Departmental approval was received **prior to** registering, taking, and paying for a course
- Course is directly related to the employee's job at William & Mary
- Course is not offered or cannot be taken at William & Mary
- Employee received a grade of "C" or better

SECTION A: Employee Information

Full Name: _____
Last First M.I.

Banner ID: _____ Phone: _____ Email: _____

Work Department: _____ Work Phone: _____

Check One: Faculty and Staff
(Who Participate in the VRS or ORP Retirement Program)
 Hourly

Eligible Employees – Faculty and staff who participate in the VRS or ORP retirement program. Hourly employees who are eligible for paid time off may also be eligible. Contact Human Resources for further guidance.

SECTION B: Course Information

Request that the following course reimbursed under the Employee Educational Assistance Program:

Student Level: Undergraduate Graduate **Semester:** Fall Spring Summer **Year:**

Academic Institution: _____

Academic Credit Course Name: _____

Course Credits: _____ **Course Costs:** _____

Explain how the course is directly related to your William & Mary job:

Explain why the course cannot be taken at William & Mary:

SECTION C: Employee Agreement and Signature

*By signing below, I certify that the information I have provided is true and complete to the best of my knowledge. I further understand that if I do not take the course as mentioned above, do not make a grade of "C" or higher, or do not provide the appropriate supporting documentation, then I **will not** be reimbursed.*

Signature: _____ Date: _____

SECTION D: Departmental Approval

By signing below, I certify that the employee is eligible for educational assistance to the best of my knowledge. I further understand that my department will be charged the full course costs and hereby approve the employee to register, take and be reimbursed for the course as mentioned above.

Departmental Approver Name: _____

Signature: _____ Date: _____