



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, in a case by case basis and only 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:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year:	
Academic Institution:								
Academic Credit Course Name:								
Number of Credit Hours			Total Reimbursement					
Explain how the course is directly related to your William & Mary job:								
Explain why the course cannot be taken at William & Mary:								
How many courses have you previously been reimbursed for by W&M?								

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 confirm that, to the best of my knowledge, the employee is eligible for educational assistance. I also acknowledge that my department index will bear the full course costs and hereby authorize the employee to register, undertake, and seek reimbursement for the specified course. Furthermore, I affirm that my department has not undertaken to provide full funding for a degree for the employee.

Departmental Approver Name: _____

Signature: _____ Date: _____

SECTION E: Chief Financial Officer

By signing below, I confirm that the employee is eligible for educational assistance for the course(s) listed on this form.

CFO: Melanie O'Dell _____

Signature: _____ Date: _____

SECTION F: Payroll Services

By signing below, I acknowledge that employee reimbursement will be processed through Payroll Services. I verify that this employee has received assistance for _____ courses.

Payroll Processor: _____

Signature: _____ Date: _____