

TUITION ASSISTANCE PROGRAM UNAP LOCAL5019
APPLICATION FORM

EMPLOYEE: _____ SOCIAL SECURITY NO. _____

ADDRESS: _____

AGENCY / UNIT: _____ BASE ENTRY DATE: _____

CLASSIFICATION: _____ FT _____ PT _____ HOURS / WEEK _____

ONE DAY SEMINAR: _____

EDUCATIONAL INSTITUTION: _____

EVIDENCE OF MATRICULATION SUBMITTED: YES PROGRAM: _____ NO

CHECK ONE: UNDERGRADUATE LEVEL COURSE _____ GRADUATE LEVEL COURSE: _____

TERM BEGINS: _____ ENDS: _____

COURSE NUMBER: _____ TITLE: _____ COST: _____

COURSE TEXTS: TITLE / AUTHOR: _____ COST: _____

OTHER EXPENSES: EXPLAIN: _____

(_____) HOURS WORKED X SUBTOTAL
40

TOTAL REIMBURSEMENT DUE _____

I DO HEREBY MAKE APPLICATION FOR TUITION REIMBURSEMENT FOR THE ABOVE COURSE AND RELATED EXPENSES THROUGH THE TUITION ASSISTANCE PROGRAM.

SIGNATURE: _____ DATE: _____

| | |
|----------------------------|-------------------------|
| DATE RECEIVED: _____ | INITIALS: _____ / _____ |
| DATE REVIEWED: _____ | INITIALS: _____ / _____ |
| DATE OF REPLY: _____ | INITIALS: _____ / _____ |
| DOCUMENTATION REC'D: _____ | INITIALS: _____ / _____ |
| SUBMITTED TO B.O.: _____ | INITIALS: _____ / _____ |
| DATE / PAYMENT: _____ | INITIALS: _____ / _____ |

EMPLOYEE: _____

PROCESSING CHECKLIST

- _____ COPY OF TUITION BILL OR PROGRAM COST
- _____ COPY OF RECEIPT OF PAYMENT
- _____ COPY OF RECEIPT(S) FOR COURSE TEXT(S)
- _____ EVIDENCE OF SUCCESSFUL COMPLETION OF COURSE OR PROGRAM

FINAL GRADE: _____

CERTIFICATE

FOR CONTINUING EDUCATION ONLY

_____ PROGRAM BROCHURE

FINAL DISPOSITION: _____

AMOUNT OF REIMBURSEMENT: _____

IF NO REIMBURSEMENT, EXPLAIN: _____

REVIEW COMMITTEE SIGNATURES