

Community College System of New Hampshire Request for Tuition Reimbursement

Date Received

In accordance with policy CCS 372.1.01 a request for Tuition Reimbursement must be approved prior to the start of the course. Tuition reimbursement is subject to the availability of funds and shall be limited to the cost of tuition.

Employee Name _____ Date _____

SSN _____ Date Employed Full-Time _____

Degree of Study _____ Semester/Term _____

Institution _____ Address _____

COURSE(S) REQUESTED Please list below the college credit course(s) for which you are requesting tuition reimbursement.

COURSE NAME	COURSE #	SECTION	TIME	CREDIT HOURS	TUITION AMOUNT
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL REIMBURSEMENT AMOUNT REQUESTED _____

Your signature below verifies that these statements are true:

- I have completed a Tuition Agreement and understand that upon satisfactory completion of the approved course I shall continue in the employ of the CCSNH for a period of six months.
- Within 30 days of completing the course(s), I will send evidence of satisfactory course completion {grade(s) of "C" or better for undergraduate work or grade of "B" or better for graduate work and transcripts} and proof of the paid tuition receipt.

Employee Signature

Date

CRITERIA FOR ELIGIBILITY

- 1) full-time employee who has completed 12 months of continuous employment, unless waived by appointing authority, and has satisfactory job performance. Copy of service eligibility waiver attached, if needed.
- 2) reimbursement for credit courses that are job or career-related or part of an undergraduate or graduate degree, professional certification, or licensing program and taken at a regionally accredited, degree-granting college or university;
- 3) courses taken outside the normal work day, unless exception granted in accordance with system policy. Copy of authorized adjusted work schedule attached

INSTITUTION'S APPROVAL: This employee meets the eligibility criteria pursuant to CCS 372.1.01 for Tuition Reimbursement.

Employee's Supervisor: _____
Signature

Date

Approved

Disapproved

Amount to Pay: _____

CCSNH/College Appointing Authority or designee: _____
Signature

Date

FUNDING APPROVAL:

Funding Source: _____

Institution's Financial Officer Signature
(Verification of Funds)

Date

Original Document to: Institution's Business Office

Copies to: Employee, Employee's Supervisor, Institution's Human Resources Office, and CCSNH Human Resources Office

Revised: 01/29/08

