CSUB Auxiliary for Sponsored Program Admih Educational Assistance Program Approval and Request for Tuition Reimbursement

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This form is used to request supervisor approval for participation in the Educational Assistance Program and request tuition reimbursement. Available reimbursement is dependent on the availability of funds as identified the employee's supervisor.

Criteria For Eligibility /Request Processing

- 1. Long-term, benefits-eligible employees, regularly scheduled to work at least 20 hours a week.
- 2. An employee must have been employed by CSUB Auxiliary for at least six months prior to the course start date.
- 3. Courses are job-related and/or lead to an undergraduate or graduate degree.
- 4. Eligible tuition expenses include tuition only.
- 5. Reimburse 100% of tuition for up to 6 units or 2 courses, whichever is greater, based upon a grade of "C" or better. Approval of additional courses shall be on a case-by-case basis.
- 6. Participation in the program is based upon availability of funds and when the request is received (first come, first served).
- 7. All courses must be taken outside the normal work day, unless release time is granted with supervisor approval and based upon the operational needs of the department.
- 8. A Career Development form must be submitted to and approved by HR prior to program participation.
- 9. The employee pays the tuition and required fees in accordance with the registration procedures required by the applicable educational institution for the approved course(s). All grades and proof of payment must be attached to this completed, approved form and submitted to the Department of Human Resources within 30 days of completing the course. If an employee fails to submit the required documentation during this period, the tuition reimbursement may be denied.
- 10. Once approved by HR, reimbursement request packet will be returned to original requestor for reimbursement processing.

 Approval for Program Particl pation The request for supervisor approval must l 	be completed a	minimum of thre	e weeks prior to	course registration.	
Employee Name Date Employed		Date			
Address					
Course(s) Requested - Please list below Course Name	the college cre	edit course(s) for	which participatio	on and tuition reimbu	ursement is requested. Tuition Amount
Your signature below verifies that:					
 I have been employed at CSUB A listed above. After completion of this course(s) (course grade of "C" or better and 	, I will send this	completed, app	oved form along	with evidence of sa	tisfactory completion
Employee Signature	Dat	e Su	Supervisor Signature		Date
AVP, Grants, Research & Sponsored Prog	ams Dat				