Section I: Tuition Reimbursement Request Form Name: Title: Department: Request Type (check one): ☐ Employee Reimbursement □ Dependent Reimbursement Classification (check one): Part Time Regular Full Time Regular Grant Funded Employees Check Here: Job Title: Supervisor Name: Term (check one): ___Fall ___Winter ___Spring ___Summer of Year 20___ __Quarter ___Semester ___ Year __Online __In-Person School: Estimated Reimbursement Request: \$ Tuition \$ Fees

Note: The program will cover up to the reimbursement of up to six units per academic semester. For more information visit: https://csumb.edu/cost/

Course #	Course Title	Units	Days (e.g. MWF)	Times (e.g. 2-4 PM)

I/my dependents are no	<u>t</u> receiving other finar	ncial aid.		
I/my dependents are red	eiving other financial	aid. (If yes, provid	de documentation	of amount
and how it will be applied)				

I understand that I am solely responsible for payment of taxes as a result of any reimbursement for education that may be found to be taxable. I understand also that the Corporation's tax withholding policy and any decision to withhold or not withhold taxes from educational reimbursements to me do not constitute tax advice and I agree to hold the Corporation harmless from any claim associated with the Corporation's withholding of payroll taxes. I will submit grades and receipts within 45 days of the end of the term to University Corporation Administration.

By signing below the employee acknowledges they have read and understand the program provisions.

Employee Signature: Dependent Signature (if applicable): Supervisor Signature: Department Head/PI Signature:	Date: Date: Date: Date:
Chartstring to be charged for reimbursement:	
OFFICE USE ONLY	
Corporation Administration Signature: Post Award Signature (if applicable):	Date: Date:
Previous Reimbursement Amount Received:	Date Received:

cc: Personnel file

Section II-A: Career Development Plan EMPLOYEE REIMBURSEMENT COMPLETE QUESTIONS BELOW (Dependent reimbursement see Section II-B)

A Career Development Plan must be completed at least once prior to the first semester of study under the Corporation's Educational Reimbursement Program. All coursework must be taken as part of the plan and must support the employee's stated career objective (employee reimbursement only). A new Career Development Plan must be filed if the employee/employee's dependent declares a change of degree/career objective.

1.	What is your long-term career goal?
2.	How will this reimbursement support you in achieving your goals?
3.	What, if any, intervening positions will you need to obtain in order to reach your final objective? (employee reimbursement only)
4.	What degree or coursework do you intend to complete to prepare you for your career objective?
5.	How will this degree or course of study assist in accomplishing your long-range objective?
6.	How long do you anticipate it will take you to complete your studies?

assignments) in your current or in other departr (employee reimbursement only)	ments at CSUMB/the Corporation?
I realize that the Corporation can only assist me in acq studies which can equip me to apply for a position, and guarantee that I will receive a promotion or other advantages.	that University Corporation cannot
this specific career development plan. By signing below the employee acknowledges they program provisions.	have read and understand the
Employee Signature:	Date:
Dependent Signature (if applicable):	Date:
Supervisor Signature:	Date:
Human Resources Signature:	Date:

7. Could you benefit from developmental assignments (on-job training, job rotation, special

Section II-B: Career Development Plan DEPENDENT REIMBURSEMENT COMPLETE QUESTIONS BELOW

1.	How will receiving this education reimbursement help you in achieve and personal goals? In what ways will it ease any financial burdent studies?	• •
2.	How long do you anticipate it will take you to complete your studies	s?
studies guaran	e that the Corporation can only assist me in acquiring skills, training which can equip me to apply for a position, and that University Contee that I will receive a position resulting from my completion of this rement plan.	rporation cannot
	ning below the employee and dependent acknowledges they hetand the program provisions.	ave read and
Depen	yee Signature: dent Signature: visor Signature: ation Administration Signature:	Date: Date: Date: Date:

Section III: Post Completion Reimbursement Request Employee and Dependent Completion Required

Name:	Title	e:	Department:	
☐ Emp	pe (Check One): bloyee Reimbursement endent Reimbursement			
☐ Part	on (check one): Time Regular Time Regular			
Job Title:		Superviso	or Name:	
Term (check	Term (check one):FallWinterSpringSummer of Year 20QuarterSemester YearOnlineIn-Person			
School:				
Course #	Course Title	Units	Days (e.g. MWF)	Times (e.g. 2-4 PM
receipt(s). I reimbursem Corporation educational Corporation taxes. I will Resources	quest reimbursement for the a understand that I am solely rent for education that may be 's tax withholding policy and reimbursements to me do no harmless from any claim ass submit grades and receipts we Department.	esponsible for e found to be to any decision to ot constitute tax sociated with the vithin 45 days o	payment of taxes as a re exable. I understand also b withhold or not withhold of advice and I agree to ho the Corporation's withhold of the end of the term to the	sult of any that the taxes from old the ing of payroll
Course Fina	al Grade(s): 1 2	3	4	

By signing below the employee acl program provisions.	knowledges they have read	l and understand the
Employee Signature Supervisor Signature		Date Date
Send complete	d form to: <u>corporation@cs</u>	umb.edu
CORPORATI Corporation Administration Approval	ON ADMINISTRATION USE	
reimbursement of fees.		
Corporation Administration Sign Off_		
Date		
Reimbursement Paydate	Payrol	l Sign Off

Cc: Personnel file