

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 not receiving other financial aid.

 I/my dependents are receiving other financial aid. (If yes, provide 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:	Date:
Dependent Signature (if applicable):	Date:
Supervisor Signature:	Date:
Department Head/PI Signature:	Date:

Chartstring to be charged for reimbursement:

OFFICE USE ONLY

Corporation Administration Signature:	Date:
Post Award Signature (if applicable):	Date:

Previous Reimbursement Amount Received:	Date Received:
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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?

7. Could you benefit from developmental assignments (on-job training, job rotation, special assignments) in your current or in other departments at CSUMB/the Corporation? (employee reimbursement only)

I realize that the Corporation can only assist me in acquiring skills, training, and academic studies which can equip me to apply for a position, and that University Corporation cannot guarantee that I will receive a promotion or other advancement resulting from my completion of this specific career development plan.

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

Employee Signature:

Date:

Dependent Signature (if applicable):

Date:

Supervisor Signature:

Date:

Human Resources Signature:

Date:

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

Name:

Title:

Department:

Request Type (Check One):

- Employee Reimbursement
- Dependent Reimbursement

Classification (check one):

- Part Time Regular
- Full Time Regular

Job Title:

Supervisor Name:

Term (check one): ___ Fall ___ Winter ___ Spring ___ Summer of Year 20___
 ___ Quarter ___ Semester ___ Year
 ___ Online ___ In-Person

School:

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

I hereby request reimbursement for the above classes. Attached are the relevant grades and receipt(s). 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 the Human Resources Department.

Course Final Grade(s): 1. _____ 2. _____ 3. _____ 4. _____

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

Employee Signature
Supervisor Signature

Date
Date

Send completed form to: corporation@csumb.edu

CORPORATION ADMINISTRATION USE ONLY

Corporation Administration Approval _____ Date _____

_____ is authorized for \$ _____ full/partial

reimbursement of fees.

Corporation Administration Sign Off _____

Date _____

Reimbursement Paydate _____

Payroll Sign Off _____

Cc: Personnel file